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Sexual Dysfunction in Female Undergradutes

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Abstract **Original Research Article**

The sexually active years (period) in females are limited compared to males. It is therefore of great essence to address some of the lifestyles and practices (in the early stage) which could cause sexual dysfunction in females. A total of two hundred (200) adult female participants were selected for the study. Their age ranged from 18 to 55 years (sexually active during the past 6 months). The random sampling technique was adopted because it is believed to accord every respondent (persons) in the population equal opportunity. A well-structured questionnaire was adopted for the purpose of this study. The questionnaire addressed sexual activities and different aspects of sexual dysfunctions. The questionnaires were distributed to the participants in classrooms, offices, hostels and various parks within the academic environment. Descriptive analysis using simple percentages and reported as mean± Standard error of mean was computed for categorical and quantitative variables respectively. The result of prevalent indicators of sexual dysfunction reported among the participants were: low sexual desire or interest (43.7%); low satisfaction after intercourse (40.7%); pain during sex (43.7%); reduced pleasurable feeling during intercourse (41.3%); and decline in sexual interest during child nursing (45.8%). The result of the Fisher's exact test of contingency showed a no significant association between Child nursing, work duration and pregnancy with low sexual desire; while female genital mutilation, bad bed timing, rape, age of partner and sex toys use showed a significant association with low sex desire. In conclusion, cases of low sexual desire, pain during sex, low sexual satisfaction after intercourse, reduce pleasurable feeling during intercourse and reduce sexual desire during child nursing is becoming prevalent in sexually active females. It is also observed that female genital mutilation, bad bed timing, rape, age of partner and sex toys use is a significantly association with low sex desire.

Keywords: Sexual dysfunction, Low sexual desire, Female genital mutilation (FGM), Rape, Sex toys use.

INTRODUCTION

Sexual function defines the body responses to sexual activities which are in different stages; desire, erection, orgasm and ejaculation. Each of these stages has a part to play in the overall sexual function.

Lifestyle and practices in women poses serious threat on their sexual function. Masturbation, use of sex toys, use of lubricants, etc, could adversely affect sexual function.

Sex toys use is becoming more common. A survey was conducted with a national online sample of 1,723 heterosexual-identified adults in Germany (M_{age} = 42.71, SD = 13.25, 49% women, 51% men). The majority (52%) reported sex toy use in partnered sex, and 45% reported sex toy use in solo sex [1]. Nationally representative surveys in the United States indicate that 52.5% of women report ever having used a vibrator in their lifetime [2]. The increasing use of the sex toys is attracting concerns about its effect in health and sex function is an area of focus in this work.

Female genital mutilation (FGM) is another practice which has been reported to cause more harm than good. According to WHO, 2022 [3], Female Genital mutilation describes all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is considered as a violation of the human rights of girls and women because of its negative impact on women health [4]. It is reported worldwide that 200 million girls in 30 countries have undergone FGM and live with its health complications [5]. With so much health issues reported to be associated with FGM, sexual dysfunction may not be an exception.

Normal sleep occurs in stages, with time intervals. Deprivation of these stages could be unhealthy for the body, since each stage has definite physiological function including hormone secretion. Short-term sleep deprivation has been found to cause increased sexual arousal [6]. As such, bad bed timing could as well be affect normal body functioning.

Satisfaction and pleasure in sexual activities seem to diminish for a considerable group of victims for at least 1 year postassault according to van Berlo and Ensink, 2000 [7]. Several studies had also revealed that victims develop sexual problems that can persist for years after the assault.

Pregnancy and child nursing normally present with some physiological alterations. The effect of these physiological alterations on other physiological activities needs to be ascertained.

The age difference between partners had always been controversial. Different suggestions had been made for the right age difference range. Whether or not, age of a partner could also be a determinant of sexual function needs to be established.

Work duration is mostly linked to stress. Bodenmann *et al*., (2006) [8] reported that everyday stress and critical life events may play an important role in sexual problems.

Using this experimented population as the reference, this study aimed at estimating the degree of sexual dysfunction (which includes lack of sexual desire, lack of sexual arousal, problem with orgasm and pain during or after sex) in the society, as well as establishing the association between sexual function (desire) and FGM, sex toys use, pregnancy, age of partner, rape and bed timing.

MATERIALS AND METHOD

Research Design

This study involves contemporary approaches for the assessment of female sexual function and the association with some of their practices and body function using a questionnaire.

Sample Size/Sampling Technique

A total of two hundred (200) adult female participants were selected for the study. Their age ranged from 18 to 55 years (sexually active during the past 6 months). The random sampling technique was adopted because it is believed to accord every respondent (persons) in the population equal opportunity.

Instrument Design/Validation

A well-structured questionnaire was adopted for the purpose of this study. The questionnaire addressed sexual activities and different aspects of sexual dysfunctions. Aspects of reproductive function such as the Parity, marital status, age and number of sex partners, menstrual status (regular, irregular, postmenopausal), and Use of contraception, use of sex toy and masturbation were considered.

Data Collection

The questionnaires were distributed to the participants in classrooms, offices, hostels and various parks within the academic environment.

Statistical Analyses

Descriptive analysis using simple percentages and reported as mean± Standard error of mean was computed for categorical and quantitative variables respectively. Differences between mean values were evaluated by unpaired t-test. Univariate relationship between two categorical variables was tested with Chi-square and Fisher's exact test respectively. Values of $P<0.05$ were considered statistically significant. Microsoft Excel and GraphPad Prism 7.0 softwares (GraphPadInc, USA) were used for the statistical analysis.

Ethical Issues

Informed consent has been given by all women who agreed to participate in the study. All procedures were consistent with the institutional research committee's ethical standards and with the Helsinki Declaration of 1964 and its later modifications or comparable ethical standards.

RESULTS

General Characteristics of Participants

A total of 250 questionnaires were printed and distributed to different women who voluntarily filled out and completed the self-structured questionnaire. After excluding questionable returns (graded as incomplete answers to questions or non-interest in participation), the responses of 200 respondents (80% response rate) was evaluated for this study. The mean age of the participants was 28.57±6.29 years. Table 4.1 describes the general characteristics of the respondents.

Table 1: General Characteristics of Participants (n=200)

Variables	
Age of participants	
<19	38(19%)
21-25	40(20%)
26-30	46(23%)
31-35	42(21%)
36-40	13(6.5%)
41-45	16(8%)
46-and above	4(2%)
Marital status	
Single	110(55%)
Married	39(19.5%)
Divorced	9(4.5%)
Widowed	7(3.5%)
Educational level	
Primary	23(11.5%)
Secondary	24(12%)
Tertiary	120(60%)
Others	33(16.5%)
Religion	
Christianity	170(85%)
Islam	14(7%)
Traditional	10(5%)
Other	6(3%)
Occupation	
Student	62(31%)
Civil servant	48(24%)
Self employed	51(25.5%)
Unemployed	39(19.5%)
Involvement in stressful activities	
Yes	118(59%)
No	82(41%)
Work duration	
Less than 8 hours	53(26.5%)
8 hours	55(27.5%)
More than 8 hours	92(46%)
Bed time	
Before 9pm	71(35.5%)
After 9pm	129(64.5%)
Alcohol consumption	
Yes	58(29%)
No	142(71%)
Number of children	
1	12(25%)
2-3	25(52%)
4 and above	11(23%)

Values on parenthesis are percentage

Sexual Characteristics of Respondents

Out of the 200 participants, 160 reported having been sexually active within the last six month having reported having at least one sex partner while 40 participants were categorized as without a sex partner. The mean age of participants with at least a sex partner was not significantly different from the mean age of participants without a sex partner (Table 1). Majority (25%) of the sex partners were between 31-35 years of age (Table 2).

Table 2: Age distribution of participants with sexual activity

Age	With one sex partner(n=160)	Without a sex partner(n=40)		
18-19	28(17.5%)	10(25%)		
21-25	32(20%)	9(22.5%)		
26-30	38(23.75%)	9(22.5%)		
31-35	40(25%)	2(5%)		
36-40	9(5.63%)	4(10%)		
41-45	10(6.25%)	6(15%)		
46 -50	3(1.88%)	1(2.5%)		
Mean age	**With sex partner**	**Without sex partner**	**95%CI**	**P-value**
	27.89±0.623	26.88±1.46	-1.813 to 3.838	0.4833^{NS}

Values on parenthesis are percentage

Figure 1 shows the age distribution of sex partner. Majority (28.13%) of the partners were within 33-39 years of age while 32 were within the age range of 15-18.

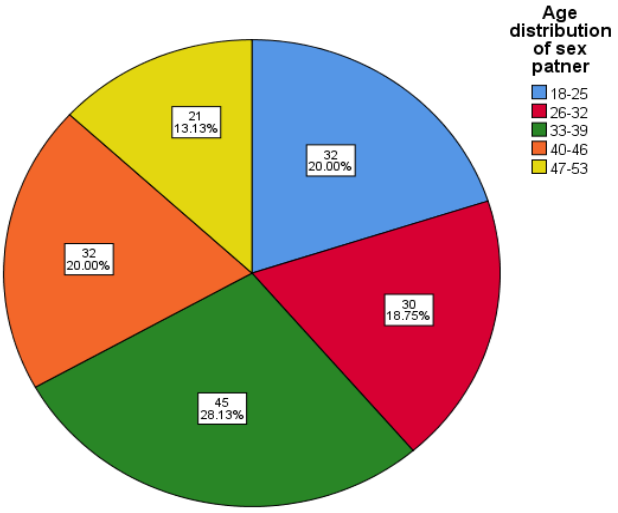

Figure 1: Age distribution of sex partner

Figure 2 shows the distribution of sexual activity with marital status. Sexual activity was higher (50%) among the married when compared with those who were single (43.75%). Women who were widowed or divorced reported low sexual activity (1.88% vs 4.38%) in comparison with the single and married women respectively.

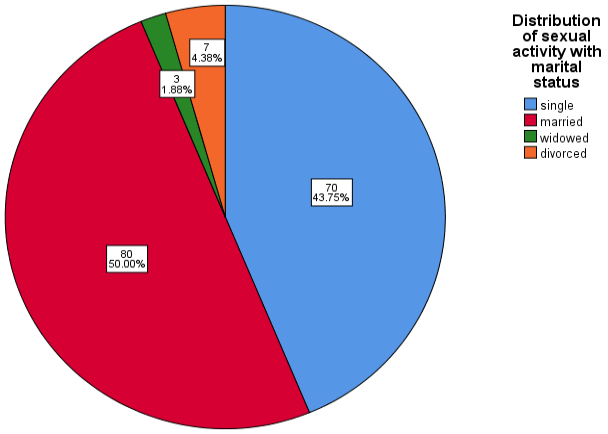

Figure 2: Distribution of sexual activity with Marital Status

From the result, 48% of the respondents had 1 or 2 sex partners and the majority of the married reported 1 sexual partner while the more single respondents reported more than 1 sexual partner. When interviewed, the practice of masturbation and the use of sex toys for sexual gratification was reported amongst 30(15%) and 20(10%) of the respondents respectively. Amongst respondent who have children, 28 (58.3%) reported that they do not enjoy sex during pregnancy.

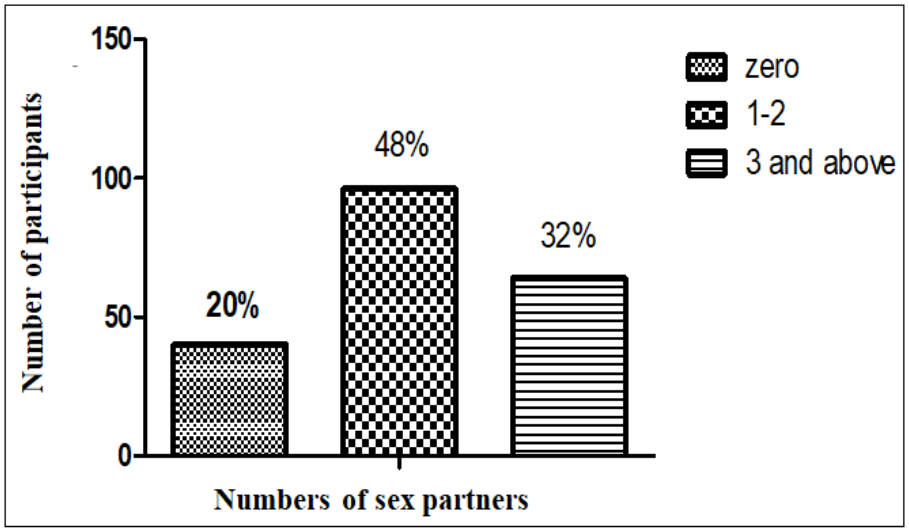

Figure 3: Distribution showing number of sex partners amongst participants

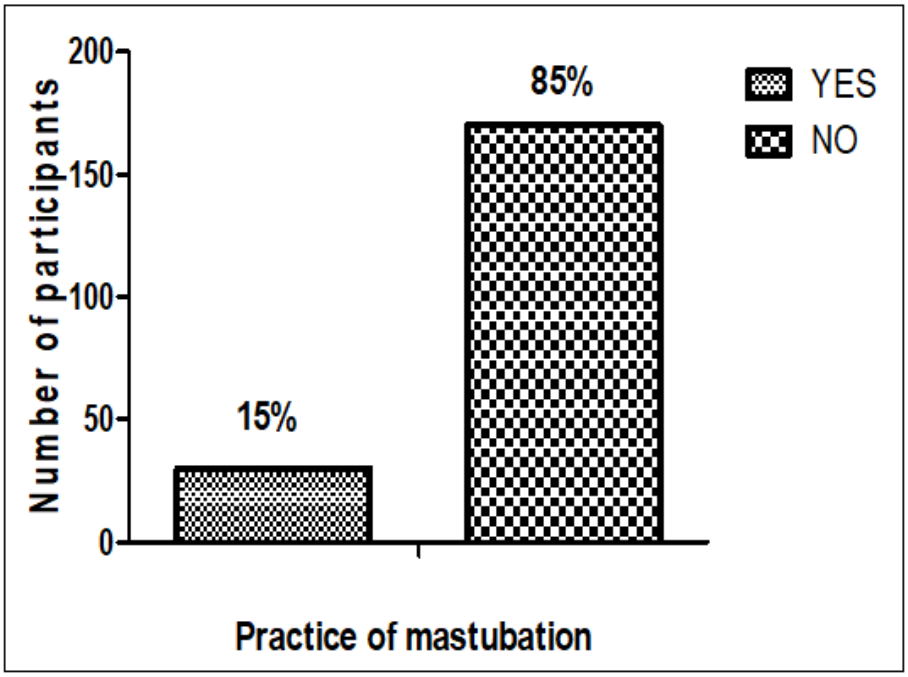

Figure 4: Distribution showing practice of masturbation amongst participants

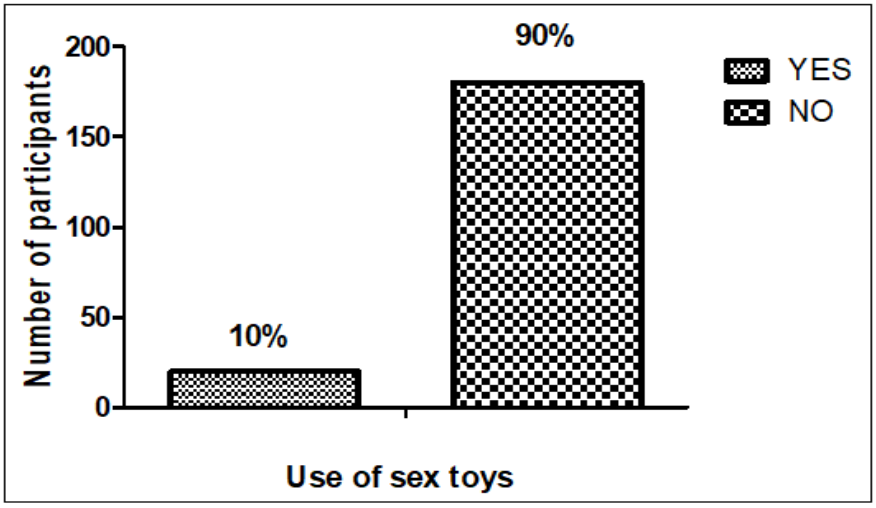

Figure 5: Distribution showing use of sex toys amongst participants

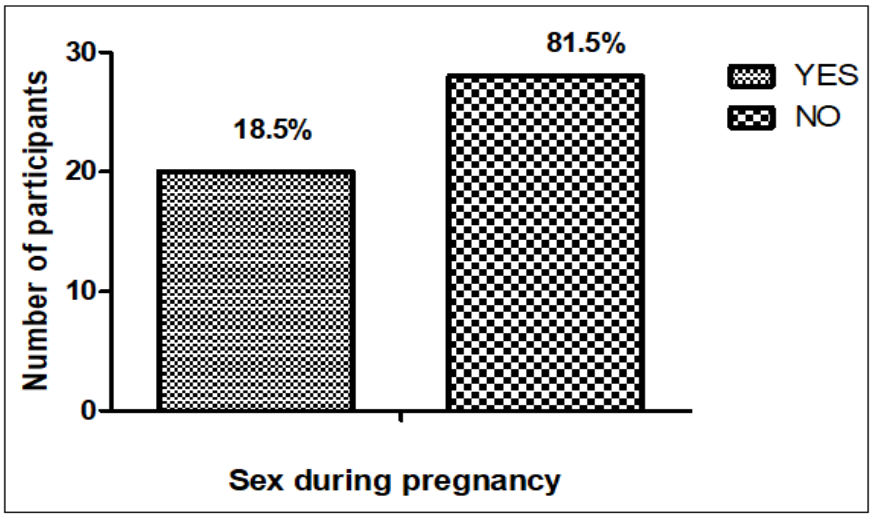

Figure 6: Distribution showing practice of sex during pregnancy amongst participants

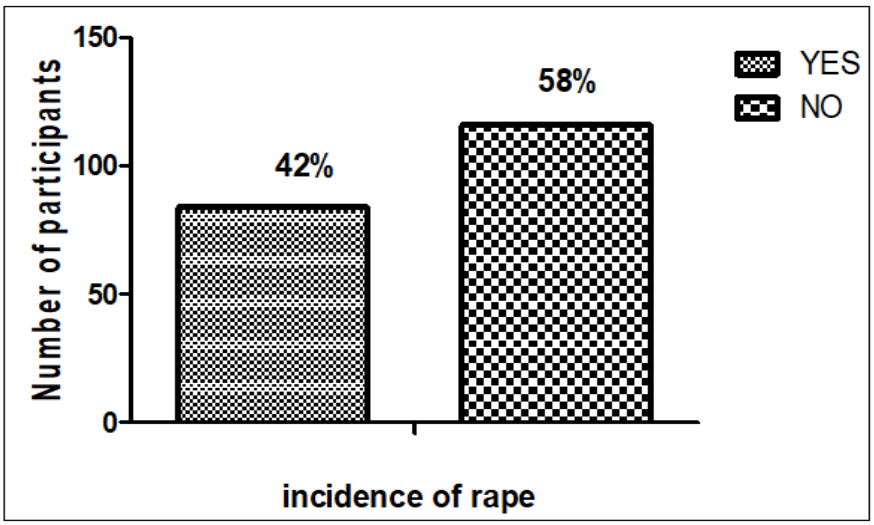

Figure 7: Distribution showing incidence of rape amongst participants

From the result presented in table 4.4, the prevalent indicators of sexual dysfunction reported among the participants were: low sexual desire or interest (43.7%); low satisfaction after intercourse (40.7%); pain during sex (43.7%); reduced pleasurable feeling during intercourse (41.3%); and decline in sexual interest during child nursing (45.8%).

Table 4: Indicators of Sexual Dysfunction among Participants

Indicators of sexual dysfunctions	
Low Sexual desire/interest (n=160) Yes No	 70(43.7%) 90(56.3%)
Low Sexual satisfaction after intercourse (n=160) Yes No	 65(40.7% 95(59.3%)
Pain during sex (n=160) Yes No	 70(43.7%) 90(56.3%)
Declined sexual desire during child nursing(n=48) Yes No	 22(45.8%) 26(54.2%)
Reduced pleasurable feelings during intercourse	
Yes No	66(41.3%) 94(58.7%)

Values on parenthesis are percentage

The result of the Fisher's exact test of contingency showed a significant association between pain during sex and low sexual desire (OR: 8.750, 95% CI: 4.266 to 17.95) (Table 5).

Table 5: Contingency table showing association between with pain during sex and low sexual desire (LSD)

Variables	With LSD (n=70)	Without LSD (n=90)	Odd Ratio	95% CI	p-value
Pain during sex Yes No	 50(71.4%) 20(28.6%)	 20(22.2%) 70(77.8%)	8.750	4.266 to 17.95	< 0.0001*

***Significant at 5% (p<0.05)**

The result of the Fisher's exact test of contingency did not show any significant association between child nursing and low sexual desire (OR: 1.333; 95% CI: 0.4210 to 4.223) (Table 6).

Table 6: Contingency table showing association between with child nursing and low sexual desire (LSD)

Variables	With LSD (n=28)	Without LSD (n=20)	Odd Ratio	95% CI	P-Value
Child nursing Yes No	 16(57.1%) 12(42.9%)	 10(50%) 10(50%)	1.333	0.4210 to 4.223	0.7704^{NS}

NS: Not significant

The result of the Fisher's exact test of contingency showed a significant association between rape and low sexual desire (OR: 0.0833; 95% CI: 0.03743 to 0.1855) (Table 7).

Table 7: Contingency table showing association between with rape and low sexual desire (LSD)

Variables	With LSD (n=70)	Without LSD (n=90)	Odd Ratio	95% CI	P-Value
Rape Yes No	 10(14.3%) 60(85.7%)	 60(66.7%) 30(33.3%)	0.0833	0.03743 to 0.1855	< 0.0001*

***Significant at 5% (p<0.05)**

The result of the Fisher's exact test of contingency did not show any significant association between pregnancy and low sexual desire (OR: 1.200; 95% CI: 0.3678 to 3.915) (Table 8).

Table 8: Contingency table showing association between with pregnancy and low sexual desire (LSD)

Variables	With LSD (n=18)	Without LSD (n=30)	Odd Ratio	95% CI	P-Value
Pregnancy					
Yes	8(44.4%)	12(66.7%)	1.200	0.3678 to 3.915	0.7723^{NS}
No	10(55.6%)	18(33.3%)			

NS: Not significant

The result of the Fisher's exact test of contingency showed a significant association between female genital mutilation and low sexual desire (OR: 0.222; 95% CI: 0.09074 to 0.5442) (Table 9).

Table 9: Contingency showing association between with female genital mutilation and low sexual desire

Variables	With LSD (n=70)	Without LSD (n=90)	Odd Ratio	95% CI:	P-Value
Female Genital Mutilation					
Yes	7(10%)	30(33.33%)	0.222	0.09074 to 0.5442	0.0006*
No	63(63%)	60(66.67%)			

***Significant at 5% (p<0.05).**

The result of the Fisher's exact test of contingency showed a significant association between menses related mood swings and low sexual desire (OR: 4.698; 95% CI: 1.940 to 11.38) (Table 10).

Table 10: Contingency showing association between with mood swings and low sexual desire

Variables	With LSD (n=70)	Without LSD (n=90)	Odds ratio	95% CI:	P-Value
Mood changes during menses					
Yes	22(31.4%)	8(8.89%)	4.698	1.940 to 11.38	0.0004*
No	48(68.6%)	82(91.11%)			

***Significant at 5% (p<0.05).**

The result of the Fisher's exact test of contingency showed a significant association between bed time and low sexual desire (OR: 4.698; 95% CI: 1.940 to 11.38) (Table 11).

Table 11: Contingency showing association between with bed time and low sexual desire

Variables	With LSD (n=70)	Without LSD (n=90)	Odds ratio	95% CI	p-value
Bed time				1.083 to 5.414	0.0427*
Before 9pm	19(27.1%)	12(13.3%)	2.422		
After 9pm	51(72.9%)	78(86.7%)			

***Significant at 5% (p<0.05)**

The result of the Chi-square test of contingency did not showed any significant association between work duration and low sexual desire ($\chi^2 = 4.458$) (Table 12)

Table 12: Contingency showing association between with work duration and low sexual desire

Variables	With LSD (n=70)	Without LSD (n=90)	χ^2	P-Value
Work duration				
Less than 8 hours	13(18.6%)	30(33.3%)	5.063	0.1672^{NS}
8 hour	15(21.4%)	20(22.2%)		
More than 8 hours	42(60%)	40(44.5%)		

NS: Not significant

The result of the Chi-square test of contingency showed a significant association between age of sex partner and low sexual satisfaction (p=0.0024; χ^2 =16.47). It was observed that many younger partners who had older sexual partners had higher odds for low sexual satisfaction (Table 13).

Table 13: Contingency table showing association between with age of sex partner and low sexual satisfaction (LSS)

	Age Distribution of Sex Partner						
Incidence of LSS	18-25 (n=32)	26-32 (n=30)	33-39 (n=45)	40-46 (n=32)	47 and above (n=21)	χ^2	P-value
Yes	12(37.5%)	5(16.7%)	16(35.6%)	20(62.5%)	12(57.1%)	16.47	0.0024*
No	20(62.5%)	25(83.7%)	29(64.4%)	12(37.5%)	9(42.9%)		

*Significant at 5% (p<0.05)

Menstrual Characteristics of Participants

Out of 200 respondent, 72 (36%) had report menarche occurrence between 15-19 years of age. Many of the participants (n=104) reported that they were afraid (negative reaction) when it first occurred. On the regularity of menses 12 respondents reported irregular menstrual patterns characterized with missed months. The most (n=39) complaint menstrual symptoms was lower abdominal pains and the least (n=10) been diarrhea. Other menstrual characteristics are presented in table below.

Table 14: Menstrual Characteristics of Participants (n=200)

Variables	
***Age at menarche*(n=200)**	
10 and below	44(22%)
11-14	71(35.5%)
15-19	72(36%)
20 and above	13(6.5%)
***Reaction to menarche*(n=200)**	
Positive	96(48%)
Negative	104(52%)
***Regularity of menses*(n=200)**	
2-3 weeks	67(33.5%)
4-5 weeks	107(53.5%)
Skipped months	14(7%)
Absence of menses	12(6%)
***Status of menses*(n=200)**	
Active(within 2 months)	188(94%)
Inactive or cessation	12(6%)
***Menstrual cycle length*(n=188)**	
Less than 21 days	31(16.5%)
21-28 day	86(45.7%)
29-35 day	51(27.1%)
36 and above	20(10.6%)
***Duration of flow*(n=188)**	
2 days or less	41(20.5%)
3-4 days	72(36%)
5-7 days	43(21.5%)
8 days and above	32(16%)
***Menstrual symptoms* (n=188)**	
Lower abdominal pain	39(20.7%)
Breast swelling	27(13.5%)
Back pain	21(10.5%)
Diarrhea	10(5%)
Fever/cold	17(9.04%)
Increased appetite	21(10.5%)
Vomiting	23(11.5%)
Mood swings	30(15%)
Sanitary pad use (n=188)	
Tissue paper/1 pad per day	21(11.2%)
2-3 pads per day	82(43.6%)

4 and above	85(45.2%)
Work duration(n=200)	
Less than 8 hours	53(26.5%)
8 hours	55(27.5%)
More than 8 hours	92(46%)
Bed time(n=200)	
Before 9pm	71(35.5%)
After 9pm	129(64.5%)
Alcohol consumption(n=200)	
Yes	58(29%)
No	142(71%)
Number of children (n=48)	
1	12(25%)
2-3	25(52.1%)
4 and above	11(22.9%)

Values in parenthesis are percentage

DISCUSSION

Sexual dysfunction is a common problem reported among men and women. Female sexual dysfunction includes lack of sexual desire, lack of sexual arousal, problem with orgasm and pain during or after sex.

Some lifestyles and practices in women have been observed to greatly affect sexual function. Masturbation, use of sex toys, use of lubricants, number and age of sex partner, female genital mutilation, etc, are some factors of serious concern.

From the result of this study, sexual activity of the participants within their last 6 months was reported amongst 160 women (80% of the participants) and the mean age of sexual active individuals with at least one sex partner was 27.89 ± 0.623 years. Amongst this participants who were sexually active, different degree of sexual dysfunction reported include: low sexual desire (43.7% of participants), pain during/after sex (43.7%), low sexual satisfaction after intercourse (40.7%) and reduced pleasurable feeling during intercourse (41.3% of participants), declined sexual feeling/desire during child nursing was reported amongst 22 (45.8%) out of the 48 participants who had at least one child.

It is also shown in this study that pain during sex (dyspareunia) is significantly associated with low sexual desire as reported by 71.4% of participants who had low sex desire/interest. This correlated with a study by Farnam et al (2014) [9] among Iranian women who reported Vaginismus among 73% of the study participants. It was related to fear of genital pain, and penetration, fear of bleeding during intercourse and disgust of semen leading to low sexual desire. Dyspareunia may result from inadequate lubrication, rough coitus, trauma and negative feelings about sex partner and many other co-founding factors [10].

Berkowitz (1998) [11] linked dyspareunia to the consequence of child sexual abuse and this viewpoint was held by Sarwer and Durlak (1996) [12]. In the result of the present study, 42% and 37% of the participants who reported incidence of sexual abuse and female genital mutilation respectively. Sexual abuse and female genital mutilation has negative impact on the sexual functionality of the woman. In the present study, female Genital mutilation is observed to be associated with low sexual function. Elneil, 2016 [13] had also reported that female genital mutilation is associated with low libido. An association of rape and low sexual desire is shown in this study. The low sexual desire could be as well be as a result of fear of sex, arousal or desire dysfunctions which were reported by Becker *et al.* [14] to be the most common sexual problems presented within victims.

Sleep and sex had been reported to have a strong association. Poor sleep quality has been related to sexual difficulties [15-18]. That chronic insomnias sometimes increase sexual desire and arousal had also been reported by Schenck *et. al*., 2007 [19]. Late night sleep, insufficient sleep or an interrupted sleep would therefore disrupt the sleep stages and possibly affect the release of hormones which are sex drives. The current and previous findings project that abnormal sleeping time or inconsistency in sleep patterns affects sex function.

Age of sex partner is another factor for consideration in sex function. That means the older the male partner the lesser the ability to satisfy the female partner. Whether or not, age is the actually cause of this sexual disorder, is not understood. Velten and Margraf, 2017 [20] reported that Sexual satisfaction was also lowest in our oldest participant group in his studies. He propounded that this decline was not predicted by age or relationship duration, but fully mediated by other predictors. Also postulated by him that decade-long marriages or old age do not diminish sexual satisfaction

by themselves. He added that to improve sexual communication and to (re-)establish a regular sexual routine may be ways to foster a satisfying sexual life, regardless of age.

The increasing use of sex toys in both solo and partnered sex is attracting the concern of researchers especially in the medical field. Allergic reactions, discomfort, or pain, and changes in genital sensitivity are reported in sex toys use [21]. Shared use of sex toys is been reported to be associated with risk of sexually transmitted infection, with some still transmitted 24h even after standard cleaning [2, 22]. The association of sex toys use and sex dysfunction reported in this current work and other medical related dangers as cited above are projecting more harm than good cause by this use.

Child nursing, work duration and pregnancy were reported to show no significant association with low sexual desire. A contrary reports about work is reported by Bodenmann *et al*., (2006) [8] and Štulhofer, Traeen, and Carvalheira (2013) [23]. The discrepancies could be due to the type and strenuousness of the work.

CONCLUSION

Cases of low sexual desire, pain during sex, low sexual satisfaction after intercourse, reduce pleasurable feeling during intercourse and reduce sexual desire during child nursing is on the high side in sexually active females.

There is no significant association between Child nursing, work duration and pregnancy with low sexual desire according to this current study. While female genital mutilation, bad bed timing, rape, age of partner and sex toys use showed a significant association with low sex desire. Avoidance of these practices with significant association with low sexual desire could be a lead way to minimizing sexual dysfunction.

QUESTIONNAIRE SAMPLE FOR THE STUDY OF SEXUAL DYSFUNCTION IN FEMALE UNDERGRADUSTES

Instructions: This data is strictly for research purpose as part of final year project work in physiology, every information given will be treated in absolute confidentiality.

Please tick ☐ Yes or No in boxes on appropriate answer.

1. **Age:** 19 or less than ☐ 20 – 25 ☐ 26 – 30 ☐ 31 – 40 ☐ 41 – 45 ☐ 46 and above ☐
2. **Marital Status**: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Complicated ☐
3. If married, polygamous ☐ monogamous ☐ specific----------
4. **Religion:** Christianity ☐ Islamic ☐ Traditionalist ☐ Others ☐
5. **Occupation:** Student ☐ Civil Servant ☐ Self-Employed ☐ Unemployed ☐ Others ☐
6. Do you often engage in stressful activities? No ☐ Yes ☐
7. How many hours do you work in a day? Less than 8 hours ☐ 8 hours ☐ more than 8 hours ☐
8. When do you go to bed? Before 9pm ☐ after 9pm ☐
9. At what age did you first menses? 10 and below ☐ 11 – 14 ☐ 15 – 19 ☐ 20 and above ☐
10. Do you experience menstrual pain during your menstrual cycle? Yes ☐ No ☐

11. Any history of rape or assault? No ☐ Yes ☐
12. If yes, has that affected your perception of sex? No ☐ Yes ☐
13. How often do you experience menstrual pain?
    Every month ☐ once in 2 month ☐ occasionally ☐ Never ☐
14. Is your menses regular? No ☐ Yes ☐
15. How often does your menses come per month? 2-3 weeks ☐
    3-4 weeks ☐ 4-5 weeks ☐ it can skip one or more month before coming ☐
16. Are you on any contraceptive pills? Yes ☐ No ☐
17. Are you still menstruating? Yes ☐ No ☐
18. How many sexual partner do you have? 0 ☐ 1-2 ☐ 3 or above ☐
19. Some women experience lack or low sexual interest or desire of sex has this happened to you? Yes ☐ No ☐
20. Do you have pleasurable sexual feeling, when engaging in sexual activity?
    Yes ☐ No ☐ sometimes ☐
21. Is sex painful to you? Yes ☐ No ☐ sometimes ☐
22. What is the age of your sexual partner 18 – 25 ☐ 26 – 31 ☐
    32 – 37 ☐ 38 – 44 ☐ 45 and above ☐
23. How has your sexual life been during the past 6 months? No sex ☐
    Satisfying ☐ Unsatisfying ☐
24. Do you use any lubricant before sex? Yes ☐ No ☐
25. Do you employ foreplay? Yes ☐ No ☐
26. How long do you last before orgasm 2-5mins ☐ 6-10mins ☐
    12-15mins ☐ 16-20mins ☐
27. Have you given birth before? Yes ☐ No ☐ if yes, how many living children? 1 ☐ 2 –3 ☐ 4 and above ☐
28. Do you enjoy sex during pregnancy? Yes ☐ No ☐
    Not applicable for someone who is not married
29. Do you take alcohol? Yes ☐ No ☐
30. Has child bearing affected your sex life? Yes ☐ No ☐
    If yes, explain ----------
31. Does your current sexual partner satisfy you sexually? Yes ☐ No ☐
    Do you masturbate? Yes ☐ No ☐
32. Do you use sex toys? Yes ☐ No ☐
33. Were you circumcised? Yes ☐ No ☐

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