

EXPLORING THE LINK BETWEEN SEXUAL INTIMACY AND MARITAL WELLBEING IN NASARAWA STATE, NIGERIA

Abdullahi, Musa Ibrahim and Oche, Grace Ifeoma

Department of Sociology, Faculty of Social Sciences, Federal University of Lafia, Nasarawa State, Nigeria

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Abstract

Health is a vital aspect of global development. Four research questions guided this study, with specific objectives to: investigate how sexual intimacy affects social relationships in matrimonial homes, find out how sexual intimacy influences resolution of problems in matrimonial homes, find out the relationship between sexual intimacy and the psychological health of couples, and discover how lack of sexual intimacy affects matrimonial homes in Nasarawa State, Nigeria. Relevant literatures were reviewed, while the social cognitive theory and health belief model served as frameworks. A qualitative approach with thirty nine (39) in-depth interviews and sixty five (65) key informant interviews made up a total sample size of 104 people. Data were transcribed, findings revealed that sexual intimacy in marriage creates a strong bond between couples, which enhances healthy interpersonal, social, physical and psychological relationships, while lack of sexual relationship and satisfaction in marriage, creates physical, psychological and social problems among married couples, leading to divorce, separation, fights, quarrels, denial and negligence of responsibilities, which negatively affects the health of the couple and family. In conclusion, sex is therapeutic, sexual intimacy and satisfaction is a very important life-line in marriage. This means that it plays a significant role in marriage and determines the health of a matrimonial home. Recommendations include: religious teachings and public seminars on marriage, in order to enhance the sexual wellbeing of married couples and society.

KeyWords: Marriage, Couple, Sexual-intimacy, Wellbeing.

1.0 INTRODUCTION

Health is a vital aspect of global development. Health is often referred to as wealth, because wellbeing encompasses the physical, social and psychological aspects of human personality. The World Health Organization (WHO, 1948) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It defines mental health as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2019). Mental health is a unique product of social and environmental influences and a fundamental human right of everyone. Wellbeing is described as a state of optimal, physical and psychological functioning (Deci & Ryan, 2008). Bodeker, Pecorelli, Choy, Guerra and Karippanon (2020) identify wellbeing as a lifelong process that enables people to attain their full potentials, cope with everyday stressors, work productively and contribute meaningfully to their families, work places, communities, and society. Intimacy is commonly understood to refer to experiences characterized by a sense of closeness and connection (Erik 1950:1963). It is an individual capacity, and culture, religion and education can negatively or positively influence it.

The family is a very important institution in the society. It defines the root and continuity of human existence, nurturing and socialization. It goes a long way in determining the wellbeing of society as a complex whole social system. Sexual intimacy in marriage is a function and action of two individuals. How well a husband and wife relate in their matrimonial home determines their wellbeing and the social, physical and psychological health of their children. Marriage is the union of a man and a woman, forming a social and legal contract. Building a family within the context of marriage helps to create strong social bonds, ties and connections among its members, promoting a sense of love and belonging. Wilmoth (2006) opined that sexuality is very individualized and personal concept, and is best defined by the person. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships (Higgins & Hynes, 2019).

Nasarawa State is located in central Nigeria; it was created out of Plateau State on 1st October, 1996, by the Military government of General Sani Abacha. It is bounded in the North by Kaduna State, in the West by the Federal Capital Territory (Abuja), in the South by Kogi and Benue States and in the East by Taraba and Plateau States. The State has 13 Local Government Areas and these are: Awe, Akwanga, Doma, Karu, Keana, Keffi, Kokona, Lafia, Nasarawa, Nassarawa Eggon, Obi, Toto, and Wamba (nasarawastate.com.ng/29/10/2013).

1.1 Research problem, questions and objectives

Couples who demonstrate the importance of their partnership by making time for each other, every day are likely to feel closer than those who let the many concerns and cares of the world pull them apart. Also, couples who work together during hard times are likely to feel closer than those who work at cross-purposes (Olson, Olson-Sigg & Larson, 2008). Reese, Sorice, Beach, Parter, Tulskey and Daly et al (2017) are of the view that sexuality needs are unacknowledged and unaddressed for many people, particularly women.

In a 2010 survey conducted by professors at the University of Indiana, nearly all participants (99.8 percent) agreed that a husband, wife, and children constitute a family. Ninety-two percent stated that a husband and a wife without children still constitute a family (Powell, Brian, Catherine, Claudia, & Lala, 2010). The study also revealed that 60 percent of U.S. respondents agreed that if you consider yourself a family, you are a family (a concept that reinforces an interactionist perspective) (Powell 2010). However, the focus of this study is sexual intimacy between married couples. Lack of and inadequate sexual intimacy between married couple has resulted to diverse physical, social, psychological and spiritual problems in many matrimonial homes, based on my observation. These problems also have ripple effects on all aspects of the wellbeing of the couple and their children, and raises a number of questions, including the following that are examined in this study: How does sexual intimacy affect social relationships in matrimonial homes?; How can sexual intimacy influence resolution of problems in matrimonial homes?; What is the relationship between sexual intimacy and the psychological health of couples?; How does lack of sexual intimacy affect matrimonial homes in Nasarawa State, Nigeria. Generally, this research unveiled the role of sexual intimacy and its effects on the wellbeing of married couples. Specifically, it: identified how sexual intimacy affects

social relationships in matrimonial homes; explained how sexual intimacy influences resolution of problems in matrimonial homes; explained the relationship between sexual intimacy and the psychological health of couples; and discovered how lack of sexual intimacy affects matrimonial homes.

2.0 THEORETICAL FRAMEWORK

The social cognitive theory and health belief model served as theoretical frameworks for reference.

2.1 Health Belief Model

Health Belief Model was developed in the early 1950s by a group of social psychologists at the U.S. The model is a framework for explaining people's behaviour aligned to health, physical and mental well-being (Polit & Beck, 2012). The basic components of the HBM are derived from a well-established body of psychological and behavioural theories whose various models hypothesize that behaviour depends mainly upon two variables: (1) the value placed by an individual on a particular goal; and (2) the individual's estimate of the likelihood that a given action will achieve that goal." It assumes that an individual's readiness for change is based on their assessment of the threat of a health problem and the likelihood of being able to reduce that threat through personal actions. Sexual intimacy between couple can either enhance the health of the couple or serve as a threat to their health, based on the couple's perception.

Health Belief Model draws the attention of married couples on perceived susceptibility (his/her subjective perception of risk); perceived severity (feelings about the relative seriousness and consequences of the risk); perceived benefits (beliefs about the relative effectiveness of behaviour that can reduce the threat); and perceived barriers (potentially negative aspects of a protective factor or risk reduction measure); to sexual health. According to Glantz, Rimer and Viswanath (2015), this model relies on people weighing different variables before deciding on an action or behaviour. They further opined that in addition to weighing one's options, people must also believe these actions or behaviours will lead to a desirable outcome and they must feel confident that they can attain this outcome in order to increase the likelihood of them adopting the behaviour(s). This model emphasizes personal goals, threat assessment, self-efficacy, and decision-making skills.

An example of a common sexuality education activity based on the Health Belief Model would be having married couples brainstorm the reasons they might choose to be sexually intimate (perceived benefits) and the reasons they might choose not to be sexually intimate (perceived barriers). Beliefs provide an ideal target because they are enduring individual characteristics which influence behaviour and are potentially modifiable. Beliefs may also reflect different socialization histories arising from demographic differences while, at the same time, differentiating between individuals from the same background. If persuasive methods could be used to change beliefs associated with health behaviours and such interventions resulted in health behaviour change, then this would provide a theory-based technology of health education.

2.2 Social Cognitive Theory

Albert Bandura (1989) introduced the most prominent perspective on social cognitive theory. Social Cognitive theory emphasizes the learning that occurs within a social context. In this view, people are active agents who can both influence and are influenced by their environment. For example, an atmosphere of

love and peace between married couples may encourage sexual intimacy. If a woman feels practically loved by her husband, not just in words, but also in actions, by meeting her physical and emotional needs, she is likely to be sexually open to him. Also, if a man's esteem needs, such as respect and submissiveness from his spouse are met, as well as physical satisfaction, he is likely to stay sexually intimate with her. The theory is an extension of social learning that includes the effects of cognitive processes, such as conceptions, judgment, and motivation, on an individual's behaviour and on the environment that influences them. Rather than passively absorbing knowledge from environmental inputs, social cognitive theory argues that people actively influence their learning by interpreting the outcomes of their actions, which, in turn, affects their environments and personal factors, informing and altering subsequent behaviour (Schunk, 2012). The theory was founded most prominently by Albert Bandura, who is also known for his work on observational learning, self-efficacy, and reciprocal determinism. One assumption of social learning is that we learn new behaviours by observing the behaviour of others and the consequences of their behaviour. If the behaviour is rewarded (positive or negative reinforcement), we are likely to imitate it; however, if the behaviour is punished, imitation is less likely. The theory assumes that behaviour is determined by the continual interaction between personal knowledge, skills, attitudes, interpersonal relationships, and environmental influences.

Most sexuality education curricula address cognitive learning; however, knowledge alone is not sufficient to change behaviour (Kirby, 2007). Sexuality education programmes using social cognitive theory incorporate behavioural skills practice and positive modeling of healthy sexual behaviour. Building skills through practice and modeling enables couples to build self-efficacy, the belief that they can change behaviours, even when they experience challenges or barriers. An example of common sexuality education activity based on the Social Cognitive Theory is a roleplay, in which participants demonstrate and practice using skills to avoid and refuse pressure to have unprotected sex, or engage in intimate sexual relationship to enhance their matrimonial health.

The central tenet of Bandura's social-cognitive theory is that people seek to develop a sense of agency and exert control over the important events in their lives. This sense of agency and control is affected by factors such as self-efficacy, outcome expectations, goals, and self-evaluation (Schunk, 2012). Not all observed behaviours are learned effectively. There are several factors involving both the model and the observer that determine whether or not behaviour is learned. These include attention, retention, motor reproduction, and motivation (Bandura & Walters, 1963). The goal of social cognitive theory is to explain how people regulate their behavior through control and reinforcement in order to achieve goal-directed behaviour that can be maintained over time. Bandura, in his original formulation of the related social learning theory, included five constructs, adding self-efficacy to his final social cognitive theory (Bandura, 1986).

Reciprocal determinism is the central concept of social cognitive theory and refers to the dynamic and reciprocal interaction of people individuals with a set of learned experiences the environment, external social context, and behaviour, the response to stimuli to achieve goals. Its main tenet is that people seek to develop a sense of agency and exert control over the important events in their lives. This sense of agency

and control is affected by factors such as self-efficacy, outcome expectations, goals, and self-evaluation (Bandura, 1989). Behavioral capability, meanwhile, refers to a person's ability to perform behaviour by means of using their own knowledge and skills. That is to say, in order to carry out any behaviour, a person must know what to do and how to do it. People learn from the consequences of their behaviour, further affecting the environment in which they live (Bandura, 1989).

Reinforcements refer to the internal or external responses to a person's behaviour that affect the likelihood of continuing or discontinuing the behaviour. These reinforcements can be self-initiated or in one's environment either positive or negative. Positive reinforcements increase the likelihood of a behaviour being repeated, while negative reinforcers decrease the likelihood of a behaviour being repeated. Reinforcements can also be either direct or indirect. Direct reinforcements are an immediate consequence of a behaviour that affects its likelihood. Behavioral capability, meanwhile, refers to a person's ability to perform behaviour by means of using their own knowledge and skills. That is to say, in order to carry out any behaviour, a person must know what to do and how to do it. People learn from the consequences of their behaviour, further affecting the environment in which they live (Bandura, 1989).

Self-efficacy refers to the level of a person's confidence in their ability to successfully perform behaviour. Self-efficacy is influenced by a person's own capabilities as well as other individual and environmental factors. These factors are called barriers and facilitators (Bandura, 1989). Self-efficacy is often said to be task-specific, meaning that people can feel confident in their ability to perform one task but not another. Social Cognitive Theory assumes that behaviour is determined by the continual interaction between personal knowledge, skills, attitudes, interpersonal relationships, and environmental influences. Most sexuality education curricula address cognitive learning; however, knowledge alone is not sufficient to change behaviour. According to Kirby (2007), sexuality education programmes using social cognitive theory incorporate behavioural skills practice and positive modeling of healthy sexual behaviour. Building skills through practice and modeling enables students to build self-efficacy, the belief that they can change behaviours, even when they experience challenges or barriers. An example of common sexuality education activity based on the Social Cognitive Theory is a role-play in which couples demonstrate and practice using skills to avoid and refuse pressure to have extra-marital affairs.

3.0 METHODOLOGY

The study employed a qualitative approach, in order to have a close discussion with couples. Couples were the focus; they were interviewed as individuals so that the presence of their spouse does not affect their response. With this, the individual spouses felt free, and opened up at length. Interview guides were designed with probing questions, based on the research objectives. Nasarawa State has thirteen Local Governments. Interviewees were selected based on accidental sampling. Thirty nine (39) in-depth interviews (3 per Local Government Area, 3 x 13) and sixty five (65) key informant interviews (5 per Local Government Area, 5 x 13), made up a total sample size of 104 individuals, who are married. Both men and women who have ever married constituted the sample. Interviews were recorded with the consent of the interviewees and transcribed verbatim, thematically.

4.0 FINDINGS AND DISCUSSION

4.1 Effects of sexual intercourse on social relationships in matrimonial homes One of the key informants opined that:

Sexual intimacy excellently enhances social relationship. It gives joy and brings about a peaceful and cordial relationship. However, when both say no to each other, there will be dysfunction in matrimonial homes. Sex is an indirect way of apologising to each other by partners. My personal experience is that once there is sexual intimacy between I and my wife, everything normalizes in our home front. Sex reduces tension, and lack of it or refusal to give it can bring about a dysfunctional marriage, which can equally affect other members of the familial institution and the society as a whole benefits (KII with a married man, aged 36 years).

Another of the interviewees said:

Sexual intimacy enhances positive relationship in a matrimonial home. It relaxes the body, creates sweeter bond between husband and wife. Most times, the bond sex creates, keeps the man sane, because most times, women are not always in the mood. Sex makes the man happier and kinder in memory (IDI with a married man, aged 29 years).

Similarly, another interviewee said:

Sexual intimacy enhances good communication, increases social bond and productive thinking and hormonal balance. Breakdown in communication in marriage occurs as a result of lack of sexual intimacy, which can also lead to infidelity (IDI with a married man, aged 26 years).

Also, another interviewee said:

It increases the bond and intimacy between the couple (IDI with a married woman, aged 35 years).

My psychological wellbeing is positively enhanced through sexual intimacy between I and my wife. It increases our love, long life, makes our home peaceful, and increases our understanding, among many other positive benefits (KII with a married man, aged 36 years).

In addition, a key informant said:

Sex has affected my relationship with my husband in both negative and positive ways. If we have good sex, it promotes peace, satisfaction and helps us settle our disputes (Key Informant interview with a married woman, aged 39 years).

Another said:

Sexual intercourse can promote both positive and negative relationship in a matrimonial home, the positive aspect is when both partners are cordial about it, and the negative aspect is when one partner denies the other sex (IDI with a married man, aged 37 years).

Furthermore, A woman whose urges are higher than her husband's expect a lot to be given sexually to her every day. If the husband has the same feelings, it promotes peace, because no one is feeling deprived and cheated (IDI with a married man, aged 39 years)

Also, Sexual intercourse creates a strong bond among couples in matrimonial homes. My people say that “the more the bed shakes in marriage, the happier the home”, so the couple must always be sexually satisfied (IDI with a married man, aged 56 years).

In line with that, a key informant said:

Whenever my husband is not giving me the sexual attention and affection I desire, I feel he is cheating on me, and this has always brought rift between us (Key Informant interview with a married woman, aged 29 years).

In agreement, another interviewee said:

Good sex brings about happiness, satisfaction and eases stress because it is a good exercise (IDI with a married man, aged 48 years).

In support, a key informant said:

Constant sexual intercourse between I and my wife has made us intimate, it has strengthened the bond of our relationship. It has also increased the trust I have for my wife, and my wife looks healthier as a result (Key Informant interview with a married man, aged 48 years).

An interviewee supported, by saying:

Sexual intimacy enhances social relationship in a matrimonial home. Lack of it creates unresolvable problems that scatter a home (IDI with a married woman, aged 45 years).

Another key informant agreed by saying:

Sexual intimacy grows closeness between partners. It leads to conflict resolution in a matrimonial home. It softens the heart of both parties. Good sexual intimacy leads to sound health. My personal experience with my spouse is that he hardly falls ill, because I give him good sex. And it makes our relationship cordial (KII with a married woman, aged 57 years).

A discussant said:

Sexual intimacy enhances intimacy and improves social relationship, especially if the couples have it regularly. It is good for couples to listen, observe and understand each other’s body language. Most marital issues are solved on bed. When couples are not sexually intimate, they seem to feel rejected by each other and also feel their partner is having sex with other people outside their home. This can lead to a lot of suspicion among couples, leading to lack of trust and unnecessary anger and transfer of aggression to others. Adequate sexual intercourse makes a couple happy, loved and cherished (IDI with a married woman, aged 45 years).

Finally, an interviewee said:

Sexual intercourse serves as a condition that makes relationship stronger, without which such relationships will die. Sexual intercourse serves as a vehicle for forgiveness in marriage. My personal experience with my wife is that sexual intimacy has always helped us to resolve our problems and turns our relationship sweet (KII with a married man, aged 42 years).

From the findings on effects of sexual intercourse on social relationships in matrimonial homes, sexual intimacy has both negative and positive effects on social relationships in matrimonial homes, however, the

positive effects far outweighs the negative effects. Sexual intimacy: enhances social relationships between married couples, leads to forgiveness and resolution of 90% of problems related to marital instability between couples in matrimonial homes, reduces tension between couples in matrimonial homes and enhances the health of couples in matrimonial homes. Constant sexual intimacy strengthens the bond between couples in matrimonial homes, keeps the couple happy and satisfied and increases trust between couples in matrimonial homes. This corroborates the findings Erik (1950), who opined that intimacy, is commonly understood to refer to experiences characterized by a sense of closeness and connection.

4.2 Influence of sexual intimacy on resolution of problems in matrimonial homes A key informant said:

My wife is a social worker in Lagos, 90% of issues she handles revolves around marital instability related to sex (KII with married man, aged 58 years).

A discussant said:

Sex promotes the bond, social interaction and wellbeing of a couple. Sexual intercourse leads to conflict resolution because whenever it takes place, it douses tension among the couple, especially individuals who like sex much. Lack of sexual intimacy creates problems in matrimonial homes because when the sexual need of a partner is not met, it can lead to divorce (IDI with a married man, aged 39 years).

A key informant said:

Conflict between I and my wife only lingers, if we deny each other sex. We then begin to live in enmity... Lack of sexual intercourse brings about anxiety. The husband in the absence of sexual intimacy behaves like a lion that has been let loose from a cage, nothing becomes interesting, and the home becomes a warfront (KII with a married man, aged 42 years).

In support, a discussant said:

Sexual intimacy between couples brings about the timely resolution of conflicts, improves social bond, love and affection. Good sex reduces anxiety and tension. Denial of sex in marriage leads to infidelity and cheating (IDI with a married man, aged 40 years).

Another discussant also said:

Sexual intercourse is one of the pillars or building blocks of marital relationship. Without the sexual bond, there will be no peaceful existence in marriage, problems such as depression, anxiety, broken homes; divorce which will impact negatively on the upbringing of the children can surface (IDI with a married man, aged 42 years,).

In line with that, a key informant said:

Sexual intercourse enhances sexual relationship in marriage in a positive way, if the intercourse is mutual. Sexual intercourse always helps in matrimonial homes, as it makes the couple feel that they have bonded, and there is no need for conflict, bonding through sexual intercourse is very important in marriage. Lack of sexual intimacy creates distance between couples, and leads to lack of understanding and problematic situations. Sexual intercourse enhances psychological health, as it creates happy moments that are important in matrimonial homes. My personal experience is that whenever my husband is sexually

satisfied, he literarily sings aloud in the morning, the home becomes sweet, and our children are happy (KII with a married woman, aged 49 years).

Also, a discussant said:

Sexual intimacy leads to resolution of problems because sex in a way can ease the stress and frustration men face, therefore women tend to apologise to their men by seducing them into sexual intercourse (IDI with a married woman, aged 35 years).

In addition, a key informant said:

I have sexual intercourse with my husband even when I am on my monthly period, I do not like it, but he does, if I say I am on my period, he will ask 'so where do you want me to go this night?'. So, just for peace to reign, I allow him have his way (KII with a married woman, aged 43 years).

Another key informant said:

My husband prefers to penetrate through my anus, he says its tighter, and he derives more pleasure, considering the fact that I have given birth many times, and my virginal opening is wide, I allow him penetrate, despite the pain, just to save my marriage (KII with a married woman, aged 45 years).

A discussant said:

It can make unsettled issues settled. It can make a man to promise and fulfil the promise. It brings about stability in health (IDI with a married man, aged 32 years).

Another discussant said:

Sexual intercourse reduces acrimony among couples and enhances love among them. Sex is an intimate activity, and having regular sexual intercourse can minimise the extent of conflict in social relationship among couples, the absence of sexual intercourse among couples can trigger negative feelings towards each other. Sexual intimacy may not adequately resolve problems in marriage, but when it done alongside verbal communication, it serves as an effective tool in conflict resolution in matrimonial homes (IDI with a married man, aged 29 years).

Furthermore, a discussant said:

Sexual intimacy makes settlement of problems very easy, because sex increases love and bonding between married people (IDI with a married man, aged 48 years).

Finally a key informant said:

Sexual intimacy brings about reconciliation and understanding in marriage because quality sex and intimacy enhances good mood. Anytime my wife denies me my sexual rights, there will be rancour and fight in our home, and the children and even relatives will also be directly affected. Sex in marriage is a serious issue; both the man and the woman need sex, depriving a partner sexual rights have grievous consequences (KII with a married man, aged 56 years).

From the findings on influence of sexual intimacy on resolution of problems in matrimonial homes, sexual intimacy positively influences resolution of problems in matrimonial homes, because it increases love, affection, and bond; it brings about understanding and agreement between couples, especially when done

along with verbal communication. This implies that issues that relate to sex among couples should not be ignored, because it determines the welfare of homes and society.

4.3 Relationship between sexual intimacy and the psychological health of couples According to a discussant,

Lack of sexual intimacy creates problems, because it leads to infidelity, because what you cannot get in the home, you get it outside. Sexual intercourse treats hormonal imbalance. It gives women the calmness that aids peace in the home. Ejaculation calms the man, puts him in a state of mental calmness and makes him happier (IDI with a married woman, aged 29 years).

A key informant said:

Sexual intercourse enhances psychological wellbeing. My personal experience is that “it touches my *mumu buttons*” by making me think in an abnormal way, it makes me behave stupidly and even grant my partners requests, that ordinarily wouldn’t have been granted (IDI with a married man, aged 36 years).

Also, a discussant said:

If there is no adequate sex among the couple, anger arises especially from the man. The man intentionally fails in his responsibilities. It also causes infidelity (IDI with a married woman, aged 37 years).

Another discussant said:

Adequate sexual intercourse enhances psychological wellbeing, because it gives a couple a sense of belonging, love, togetherness, happiness, etc, which generally enhances their psychological state of being (IDI with a married man, aged 49 years).

Another discussant said:

Sexual intimacy in marriage automatically brings about the resolution of issues. Couples that are lacking in performing their sexual duties to each other are bound to have irreconcilable differences and psychological imbalance (IDI with a married man, aged 36 years).

In addition, a discussant said:

Sexual intimacy positively enhances psychological health (IDI with a married woman, aged 45 years)

Furthermore, a discussant unveiled the fact that:

Sexual intercourse grows their love because of emotional feelings they share. It makes the man relaxed. It reduces stress (IDI with a married woman, aged 37 years).

Another discussant said:

Sexual intercourse enhances the mental health of a couple, by positively affecting what they think about each other and also influences their actions (IDI with a married woman, aged 35 years).

In line with that, a discussant said:

It brings mutual connection among couples. Lack of it leads to trouble in marriage, such as broken home (IDI with a married man, aged 32 years).

A discussant further said:

Sexual intercourse enhances psychological wellbeing between married couples, by improving good communication even with the society at large. Children benefit most from it, because when their parents

are happy, the home is happy. It also brings about improved productivity (IDI with a married woman, aged 30 years).

Finally, a discussant said:

Sexual intercourse reduces stress. It promotes emotional bonding and intimacy among partners. It enhances the quality of life and happiness. It brings about emotional connections and happiness. It gives a couple quality times together, which enhances their physical health (IDI with a married man, aged 46 years).

Findings on relationship between sexual intimacy and the psychological health of couples, unveil the facts that there is a strong positive relationship between sexual intimacy and the psychological health of couples. As the couple maintain sexual intimacy, their psychological wellbeing is enhanced, because sexual intimacy creates an enabling environment for love and affection, which keeps them emotionally satisfied and balanced. The children also benefit from the healthy home created by their parents from their intimate sexual lives.

4.4 Effects of lack of sexual intimacy on matrimonial homes On this objective, a discussant was of the view that:

Lack of sexual intimacy between couples leads to infidelity, post-traumatic experiences, anxiety, sexual dysfunction and unhealthy social communication. Sexual intimacy brings about love and affection, emotional connection, reduces stress, increases self-esteem and brings about satisfaction in relationship (IDI with a married man, aged 51 years).

Another discussant opined that:

Sexual intimacy brings about positive results in marriage. Lack of sexual intimacy can lead to divorce, because it cuts communication in the home. It can lead to extra marital affairs (KII with a married man, aged 36 years).

Also, another discussant said:

Lack of sexual intimacy among couples will make partners suspect each other of extra marital affairs; this can create acrimony in the home. Sex relieves' stress, having it often can help resolve health related problems from work, family pressure, and other life activities. It enhances the stability of mind of both couples (IDI with a married man, aged 29 years, conducted on the 26th of October, 2023, in Lafia L.G.A).

In addition, another discussant said:

Sexual intercourse can enhance social relationship in matrimonial home by bringing about positive relationship especially if both of them can satisfy each other sexually. It can increase the bond between the two partners. It leads to conviction and acceptance by partners. Lack of sexual intimacy create problems in a matrimonial home by causing conflict, because lack of it triggers anger, especially when there is no satisfaction. Lack of sexual intercourse also leads to transfer of aggression among couples, sometimes; their children are at the receiving end (IDI with a married woman, aged 30 years).

Another discussant said:

Lack of sexual intimacy in a matrimonial home can lead couples to cheat by looking for satisfaction outside their matrimonial homes (IDI with a married woman, aged 35 years).

Another discussant said:

Lack of sexual intimacy can lead to unhappiness in the home. It can lead to unfaithfulness among couples. It leads to broken homes (IDI with a married man, aged 32 years).

Furthermore, a discussant said:

When there is good sexual intercourse, the couple are happy. They remain faithful and do everything together to keep each other. There is mental stability after a good sexual intercourse (IDI with a married man, aged 32 years).

In line with that, a discussant said:

Sexual intercourse enhances a positive bond among couples. It creates a strong relationship among couples. Lack of sex among couples creates problems among couples, such as lack of trust, frustration and infidelity. Sex makes a couple to unite and understand each other by thinking and reasoning together (IDI with a married man, aged 52 years).

Finally, a discussant also said that:

Sexual intimacy enhances positive relationship if both partners are in sexual harmony, but negative if the partners are in conflict. Sex brings about very positive resolution if both partners are in sexual harmony. Lack of sexual intimacy creates big problems in a matrimonial home. Sex positively enhances mental health. Sexual conflicts lead to negative health implications (IDI with a married man, aged 44 years).

Findings on effects of lack of sexual intimacy on matrimonial homes reveals that lack of sexual intimacy between married couples brings about psychological disturbances, such as fear, anxiety, suspicions and accusations; and social disconnections such as quarrels and augments, as well as physical separations, fights and divorce. These make the home unhealthy. The children are at the receiving end, as it affects them indirectly in an unhealthy way. On the other hand, the home is positively affected and only remains healthy if the couple are sexually intimate.

4.6 Summary of findings

Sexual intimacy and satisfaction is a very important life-line in marriage. This means that it plays a significant role in marriage and determines the health of a matrimonial home. Sex is therapeutic, Sexual intimacy is the cement that holds the building blocks of marital relationship together, therefore, having effective sexual intimacy between couples can lead to peace and harmony, which will consequently promote good health, effective service delivery and proper upbringing of children. Satisfaction that comes with sexual intimacy brings about accomplishments in marriage. Sexual intimacy has both negative and positive effects on matrimonial homes. Negative effects, if one partner is starved or denied sexual rights and positive effects if both perform their sexual duties to each other. The biological need of sex between couple brings about a strong bond in their relationship. Sex is a source of joy and happiness, which is an intervening variable for dispute resolution among the couple. The denial of sexual intimacy may cost social bond they share, and may affect the psychological wellbeing of a couple. This is in line with Olson, Olson-Sigg & Larson

(2008), who concluded that if a couple can achieve both sexual intimacy, which is relatively easy, and emotional intimacy, which is relatively difficult to achieve, a strong and enduring bond is likely to be developing between the partners. What we like about our partner strengthens the bond of intimacy, and positive relationship with the extended family makes it much easier for couple relationship to flourish. Sexual intimacy can therefore address many social problems in society, such as divorce, separation, extra-marital affairs (adultery), reduce fights and quarrels, enhance social interaction and communication in marriage and lead to healthier homes.

4.7 Conclusion

Sexual intimacy in marriage creates a strong bond between couples, which enhances healthy interpersonal, social, physical and psychological relationships, and promotes the wellbeing of couples, while lack of sexual relationship and satisfaction in marriage, creates physical, psychological and social problems between married couples, leading to divorce, separation, fights, quarrels, denial and negligence of responsibilities, which negatively affects

4.6 Recommendations

In line with the findings, the study recommends the following:

- Commitment among couples, intimate communication, understanding each other's sexual needs, and making it a point of religious duty to meet such needs, through religious teachings and public seminars on marriage, in order to enhance the sexual wellbeing of married couples and create healthy relationships in marriage that will positively impact society.
- Couples must create time to meet each other's sexual needs, despite their tight schedules because sex is a vital aspect of marriage, this can be achieved through commitment among couples, by living up to responsibilities and expectations at individual, family and societal level. The man and woman must know what is expected of them based on the statuses they occupy and their role expectations.
- Intimate communication among couples, by being open to each other and not keeping secrets from each other will help tighten the bond of intimacy.
- Understanding each other's sexual language and making it a point of religious duty to meet such needs. This is possible through religious teachings and public seminars on marriage, in order to enhance the sexual wellbeing of married couples and create healthy relationships in marriage that will positively impact society.s

References

Bodeker, G., Pecorelli, S., Choy, L., Guerra, R., & Karippanon, K. (2020). Well-being and mental wellness. In oxford research Encyclopedia of Global Public Health. Oxford University Press. <https://doi.org/10.1093/acrefore>.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. PrenticeHall, Inc.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.

- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84 (2), 191.
- Bandura, A. (1986). *Fearful expectations and avoidant actions as coeffects of perceived self-efficacy*.
- Bandura, A. (1989). Human agency in social cognitive theory. *American psychologist*, 44 (9), 1175.
- Bandura, A. (1998). Health promotion from the perspective of social cognitive theory. *Psychology and health*, 13 (4), 623-649.
- Bandura, A. (2003). Social cognitive theory for personal and social change by enabling media. In *Entertainment-education and social change* (pp. 97-118). Routledge.
- Bandura, A. Ross, D., & Ross, S. A. (1961). Transmission of aggression through the imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63, 575-582.
- Bandura A. (2005). The evolution of social cognitive theory. In K. G. Smith & M. A. Hitt (Eds.) *Great Minds in Management* (pp. 9-35). Oxford University Press.
- Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science*, 1, 164-180.
- Bandura, A. (2018). Toward a psychology of human agency: Pathways and reflections. *Perspectives on Psychological Science*, 13 (2), 130-136.
- Bandura, A. (2008). The reconstrual of "free will" from the agentic perspective of social cognitive theory. In J. Baer, J. C. Kaufman & R. F. Baumeister (Eds.), *Are we free? Psychology and free will* (pp. 86-127). Oxford: Oxford University Press.
- Bandura, A. (2016). The power of observational learning through social modeling. In R. Sternberg, S.T. Fiske, & D.J. Foss (Eds). *Scientists making a difference* (pp. 235-239). Cambridge: Cambridge University Press.
- Bandura, A. (2006). On integrating social cognitive and social diffusion theories. In A. Singhal & J. Dearing (Eds.). *Communication of innovations: A journey with Ev Rogers*, (111-135). Beverley Hills; Sage Publications.
- Bandura, A. (1983). Temporal dynamics and decomposition of reciprocal determinism. *Psychological Review*, 90, 166-170.

- Bandura, A. (2002). Social cognitive theory in cultural context. *Applied Psychology: An International Review*, 51, 269-290.
- Bandura, A. (2002). Growing primacy of human agency in adaptation and change in the electronic era. *European Psychologist*, 7, 2-16.
- Bandura, A. (2001). The changing face of psychology at the dawning of a globalization era. *Canadian Psychology*, 42, 12-24.
- Bandura, A. (2008). Toward an agentic theory of the self. In H.W. Marsh, R.G. Craven, & D.M. McInerney (Eds.), *Advances in Self Research, Vol 3: Self-processes, learning, and enabling human potential* (pp. 15-49). Charlotte, NC: Information Age Publishing.
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, 50, 248-287.
- Bandura, A. (1999). A social cognitive theory of personality. In L. Pervin & O.P. John (Eds.), *Handbook of personality* (2nd ed., pp. 154-196). New York: Guilford Publications.
- Bandura, A. (2011). A social cognitive perspective on positive psychology. *Revista de Psicologia Social*, 26, 7-20.
- Bandura, A. (2011). But what about that gigantic elephant in the room? In R. Arkin (Ed.), *Most unappreciated: 50 prominent social psychologists talk about hidden gems* (pp. 51-59). Oxford: Oxford University Press.
- Bandura, A. (2011). Social cognitive theory. In P.A.M. van Lange, A.W. Kruglanski, & E.T. Higgins (Eds.), *Handbook of social psychological theories* (pp. 349-373). Sage.
- Bandura, A. (2009). Science and theory building. *Psychology Review*, 14, 2-4
- Ericson, E.H.(1950//963). *Childhood and society* (2nd ed.). New York York: w.w. Norton & Company.
- Glantz, K, Rimer, BK, Viswanath, K. (2015). *Health Behaviour and Health Education: Theory, Research, and Practice* (5th Edition). San Fransico, CA: Josey-Bass.
- Higgins, A., and Hynes, G., (2019). *Sexuality and intimacy*. School of Nursing and Midwifery, Trinity College, Dublin, Dublin, Ireland. Springer International publishing.

- Kirby D. (2007). *Emerging Answers: Research findings on programs to reduce Teen Pregnancy and sexually transmitted diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
- Kigbu, K. (1984). A History of the Eggon (from earliest times to 1960) AD. Unp. M.A. Diss. Bayero University, Kano.
- Krejcie, R.V., & Morgan D.W., (1970). Determining Sample Size for Research Activities Educational and Psychological Measurement.
- LaMort, W. (2019). *The Social Cognitive Theory*. Boston University.
- Musa D.E. (2011). Women and social engineering: a study of Eggon Gbu-ewa song performance. *Nigerian theatre journal. A journal of the society of Nigeria theatre Artists*. 11: 7-20.
- Olson, D.H., Olson-Sigg, A., and Larson, P. (2008). The couple checkup. Nashville, T.N: Thomas Nelson.<http://extension.unl.edu/publications>.
- Powell, Brian, Catherine Bolzendahl, Claudia Geist, and Lala Carr Steelman. 2010. *Counted Out: Same-Sex Relations and Americans' Definitions of Family*. New York: Russell Sage Foundation.
- Reese, J.B., Sorice K., Beach M.C., Parter, L.S., Tulsy J.A., and Daly, M.B et al (2017). Patient- Provider communication about sexual concerns in cancer: a systematic review. *J Cancer Survive*.11 (2): 175-88.
- Reed, M. S., Evelyn, A. C., Cundill, G., Fazey, I., Glass, J., Laing, A., & Stringer, L. C. (2010). What is social learning?. *Ecology and society*, 15 (4).
- Sibomana, L. (1985). A geographical and grammatical outline of Eggon *Afrika Une u-bersee*, 68:43-68.
- Skinner, B. F. (1950). Are theories of learning necessary?. *Psychological Review*, 57 (4), 193.
- Schunk, D. H. (2012). *Social cognitive theory*. An educational perspective (6th ed.). Pearson.
- World Health Organization, (1948). Preamble to the Constitution of the World Health Organization as adopted by the international health conference, New York, 19-22 June 1946, and entered into force on 7 April 1948.
- Wilmoth M.C. (2006). Life after cancer: what does sexuality have to do with it?
- Mara Mogensen Flatierty Memorial Lectureship. *Oncol Nurs Forum*.33(5) : 905-10.