

INFLUENCE OF ERECTILE DYSFUNCTION ON COMMUNICATION PATTERNS AMONG COUPLES IN ILORIN METROPOLIS, KWARA STATE.

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Abstract

Sexual intimacy is a crucial element of human existence, closely associated with emotional bonds and the fulfillment of relationships. However, issues such as erectile dysfunction (ED) can significantly hinder both communication and the harmony within a marriage. Therefore, this study investigated erectile dysfunction and its influence on communication patterns in marriages among couples in Ilorin Metropolis, Kwara State. Specifically, the study examined the influence of erectile dysfunction (ED) on both verbal and non-verbal communication between married couples in the study area. A descriptive survey research design was adopted for the study. The population comprised 302,666 couples in Ilorin Metropolis, Kwara State. A sample of 402 participants was selected using a multistage sampling procedure that included stratified, proportionate, and accidental sampling techniques.

Data were collected using a structured questionnaire, which was validated by three experts in the relevant field. The reliability of the instrument was established through a pilot study, and the Spearman–Brown prophecy formula yielded a reliability coefficient of 0.86, indicating satisfactory reliability. Data were analyzed using descriptive statistics, including frequency counts and percentages, to answer the research questions, while the Chi-square (χ^2) statistical test was employed to test the hypothesis at the 0.05 level of significance. The findings of the study revealed that erectile dysfunction significantly affects communication patterns between couples across multiple dimensions, particularly through avoidance, withdrawal, frustration, and silence ($\chi^2 = 39.685$, $df = 3$, $p < 0.05$). The results further indicated that erectile dysfunction significantly influences verbal communication among married couples in Ilorin, Kwara State ($\chi^2 = 49.670$, $df = 4$, $p < 0.05$). The study concluded that ED led to avoidance, withdrawal, frustration, and silence and make communication harder between couple. This implied that ED lead to misunderstandings between spouses in Ilorin, Kwara State. The study recommended that Couples should engage in open and honest communication about their feeling's desires, and concerns related to erectile dysfunction.

Keyword: Communication Patterns, Emotional Intimacy, Marital Satisfaction, embarrassment and Relationship Conflict

Introduction

Sex is a fundamental human right and a crucial aspect of human life. As social beings, humans inherently seek companionship and emotional connection. With the exception of a small number of hermits or ascetics, most individuals do not consider their lives complete without close interpersonal relationships. For many couples, sexuality and sexual activity are not only a source of physical pleasure but also an important component of emotional intimacy and relationship satisfaction (Idham, 2022).

According to Rew et.al. (2016), erectile dysfunction (ED) involves a consistent inability to develop or sustain an erection adequate for fulfilling sexual intercourse. ED can result from various factors, including vascular, neurological, hormonal, psychological, anatomical, or iatrogenic causes (LiH et.al. 2016). Beyond its medical implications, ED has the potential to influence individuals' emotional well-being and the quality of their romantic relationships, largely through its effect on interpersonal communication.

When ED disrupts sexual functioning, it can lead to feelings of inadequacy, embarrassment, frustration, and disappointment. These emotions often make it difficult for couples to discuss the issue openly, leading to communication breakdowns. Silence, emotional withdrawal, avoidance of intimacy, and misunderstandings may develop, potentially reducing the emotional closeness and satisfaction within the marriage (Kessler et.al. 2019).

Salonia et.al. (2020) argue that many men with ED may avoid sexual encounters to escape embarrassment, which may also result in broader communication avoidance in the relationship. Brotto et.al. (2015) highlight the roles of shame and guilt in preventing open discussions, as partners may internalize negative emotions, further affecting the relationship.

Moreover, Adewole et.al. (2020) emphasize how unmet emotional and physical needs caused by ED can intensify marital tension. Without open communication, partners may feel neglected, unattractive, or rejected, leading to resentment and emotional distance. Yoo et.al. (2019) explain that sexual intimacy is often deeply intertwined with emotional intimacy, and its disruption can reduce other forms of affection such as hugging or kissing, ultimately harming marital connection.

Badr et.al. (2020) further emphasizes the role of communication in maintaining healthy relationships. Without open dialogue, couples may not seek medical or psychological assistance, allowing the condition to fester and deteriorate emotional and sexual intimacy over time. Therefore, the purpose of this study is to examine the influence of erectile dysfunction on communication patterns among couples in Ilorin, Nigeria.

Statement of the Problem

Erectile dysfunction (ED) is a widespread sexual health issue that affects many men globally, with significant consequences for intimate relationships. In Ilorin, Nigeria, where traditional cultural norms and religious values influence marital dynamics, ED can present particular challenges (Adi, 2022). The condition not only affects an individual's physical health but also creates deep emotional, psychological, and relational difficulties, particularly in communication within marriages.

Marriage is regarded as a sacred institution in many cultures, and sexual intimacy is a vital aspect of marital relationships. However, ED can seriously affect the quality of these relationships, leading to decreased emotional intimacy, communication issues, and conflict. It was observed by the researcher that in many marriages, open discussions about sexual health remain taboo, exacerbating the emotional strain caused by ED. Couples may experience communication breakdowns, emotional withdrawal, and a deterioration of intimacy, ultimately diminishing marital satisfaction. Although much research has focused on the prevalence, risk factors, and

treatment options for ED, there is limited attention given to its impact on relationships and communication patterns. This study aims to fill this gap by investigating how ED influences communication patterns among couples in Ilorin.

Research Questions

This study aims to answer the following questions:

1. How does erectile dysfunction (ED) influence non-verbal communication between couples in Ilorin, Kwara State?
2. In what ways does erectile dysfunction (ED) influence verbal communication between couples in Ilorin?

Research Hypotheses

The study tested the following hypotheses:

- H01: Erectile dysfunction will not significantly influence non-verbal communication between married couples in Ilorin, Kwara state.
- H02: Erectile dysfunction will not significantly influence verbal communication between married couples in Ilorin, Kwara state.

Methodology

A descriptive research design of survey type was used for this study. The population of this study comprises of all couples in Ilorin central, Kwara state, which is estimated at 302666 (National Population Commission, 2023). The sample size for this study was 363 couples. Multistage sampling procedure of stratified, proportionate and convenience sampling techniques was used.

In Stage 1, a stratified sampling technique was applied to divide Ilorin metropolis into Ilorin South, Ilorin East, and Ilorin West. The population distribution is as follows:

Table 1 local Government with their population

S/N	Ilorin Central	No. of secondary schools
1.	Ilorin south	106,666
2.	Ilorin East	81,000
3.	Ilorin West	115,000
	Total	302,666

In Stage 2, a proportionate sampling technique was used to select 25% of wards from each stratum, leading to the selection of 2 wards from Ilorin South, 3 wards from Ilorin East, and 3 wards from Ilorin West. See the table 2 below.

Table 2 Number of Selected word in Each Local Government

S/N	Ilorin Central	No. of ward	25%
1.	Ilorin south	11	2
2.	Ilorin East	12	3
3.	Ilorin West	12	3
	Total	35	8

In Stage 3, a proportionate sampling technique was applied to select 0.12 percent of couple from each ward, both Ilorin south, Ilorin East and Ilorin West.

Table 3: Distribution of the Sample across the ward in each Local Government Area of Ilorin metropolis

S/N	ILORIN CENTRAL	SELECTED WARD	POPULATION OF WARDS	0.1 2%
1.	Ilorin East	1. Agbeyangi/Gbadamu/Osin Ward	27000	32
		2. OkeOyi/Oke Ose/Alalubosa Ward	26000	31
		3. Gambari I Ward	28000	33
2.	Ilorin South	1. Akanbi I ward	63333	76
		2. Balogun Fulani	43333	52
3.	Ilorin West	1. Ajikobi Ward	38,333	46
		2. Baboko Ward	41,341	50
		3. Badari Ward	35,326	43
Total			302666	363

Source: Researcher design (2025)

Stage 4: The sample size was determined by the calculator.net (2025) that suggests 366 sampled for 302666 population is adequate at 95 confidence level and 0.05 margin of error. Due to attrition the researcher increased the recommended sample size by 11% of 363 which resulted to 402 participants for the study. While Accidental sampling technique was used to sample the couples from each ward for this study. This allowed the researcher administer the instrument to the consented respondents at the various places within their respective ward until the desired sample was achieved

Data were collected using a structured questionnaire titled “Erectile Dysfunction and Its Influence on Communication Patterns among Couples in Ilorin.” The instrument comprised two sections: Section ‘A’ elicited respondents’ demographic information, while Section ‘B’ contained items addressing the research questions. The questionnaire employed a dichotomous response format (“Yes” or “No”). Content validity was established through expert review, and reliability was determined through a pilot study using the Spearman–Brown prophecy formula, which yielded a coefficient of 0.86, indicating a high level of reliability. A verbal informed consent approval was secured from the Participant to take part in the study. The respondents were made aware that the information they provide would be handled with the utmost confidentiality. Descriptive statistics of frequency and percentage was used to answer the research question while Chi-square analyses were used to test the postulated hypotheses at 0.05 significance level.

RESULTS:

Research Question 1: Does erectile dysfunction (ED) affect non-verbal communication between couples in Ilorin, Kwara state?

Summary of the result comes before the table

Table 4: Effect of Erectile dysfunction (ED) on non-verbal communication between couples in Ilorin, Kwara state

N: 402

S/N	ITEMS	YES	NO
1.	Avoidance of eye contact due to erectile dysfunction influence communication patterns between couples	278(69.1)	124(30.8)
2.	physical distance due to erectile dysfunction influence communication patterns between couples	330 (82.1)	72(17.9)
3.	Frustration or irritation due to erectile dysfunction influence communication patterns between couples	245(60.9)	157(39.1)
4.	Silence or refusal to talk due to erectile dysfunction influence communication patterns between couples	327 (81.3)	75(18.6)

In table 4, it was revealed that out of 402 respondents, 278(69.1) of the respondents agree that Avoidance of eye contact due to erectile dysfunction influence communication patterns between couples while 124 (30.8) disagree, 327 (81.3) of the respondents agree that Silence or refusal to talk due to erectile dysfunction affect communication patterns between couples while 75(18.6) disagree, 330(82.1) agree that Withdrawal or physical distance due to erectile dysfunction affect communication patterns between couples while 72(17.9) disagree.

Research Question 2: Does erectile dysfunction (ED) affect verbal communication between couples in Ilorin?

Table 5: frequency Counts and Percentages showing effect of erectile dysfunction (ED) on verbal communication between married couples in Ilorin

S/N	ITEMS	YES	NO
1.	Do you feel comfortable discussing erectile dysfunction with your spouse	274 (68.1)	128(31.8)
2.	Do you feel uncomfortable discussing erectile dysfunction with your spouse	197(49.1)	205 (50.9)
3.	Erectile dysfunction improve communication between you and your spouse	82 (20.3)	320(79.6)
4.	Erectile dysfunction make communication harder between you and your spouse?	340(84.5)	62(15.4)
	Erectile dysfunction cause frequent misunderstandings between you and your spouse	298(74.1)	104(25.8)

Table 5 shows that 340(84.5) of the respondents agreed that erectile dysfunction make communication harder between couples while 62(15.4) disagree, 320(79.6) of the respondents disagree that erectile dysfunction improve communication between couples while 82 (20.3) agreed. 298(74.1) of the respondents agreed that erectile

dysfunction cause frequent misunderstandings between couples while 104(25.8) of the respondents disagreed. 274 (68.1) of the respondents feel comfortable discussing erectile dysfunction with your spouse while 128(31.8) disagree with the statement.

Hypothesis one (Ho₁): Erectile dysfunction will not significantly influence no-verbal communication between couples in Ilorin, Kwara state.

Table 6: A Chi-square analysis conducted to determine whether erectile dysfunction (ED) will not significant influence no-verbal communication among married couples in Ilorin, Kwara State.

S/N	ITEMS	YES	NO	DF	CAL VAL.	X ² TAB. X ² VAL.	REMARK
1.	Avoidance of eye contact due to Erectile dysfunction	278(69.1)	124(30.8)	3			
2.	influence Communication patterns between couples	330 (82.1)	72(17.9)		39.685	7.82	H _{o1} is rejected
3.	physical distance due to erectile dysfunction influence communication patterns between couples	245(60.9)	57(39.1)				
4.	Frustration or irritation due to erectile dysfunction influence communication patterns between couples	327 (81.3)	75(18.6)				
	Silence or refusal to talk due to erectile dysfunction influence communication patterns between couples						

$\alpha=0.05$

Table 6 shows that the calculated chi-square value of 39.685 is greater than the table value of 7.82 at significance level of 0.05, degree of freedom 3(39.685>7.82,df.3). Therefore, the null hypothesis was rejected. Indicating that erectile dysfunction does significantly influence communication patterns between couples across multiple dimensions especially through avoidance, withdrawal, frustration, and silence.

Hypothesis two (Ho₂): Erectile dysfunction will not significantly influence verbal communication between couples in Ilorin, Kwara state.

Table7: A Chi-square analysis conducted to determine whether erectile dysfunction (ED) will not significant influence on verbal communication among married couples in Ilorin, Kwara State.

S/N	ITEMS	YES	NO	D F	CAL VAL.	X ² TAB. X ² VA L.	REMARK
1.	Do you feel comfortable discussing erectile dysfunction with your spouse	274 (68.1)	128(31.8)				
2.		197(49.1)	205 (50.9)	4d	49.670	9.49	Ho2 is rejected
3	Do you feel uncomfortable discussing erectile dysfunction with your spouse	82 (20.3)	320(79.6)				
4.							
5	Erectile dysfunction improve communication between you and your spouse	340(84.5)	62(15.4)				
	Erectile dysfunction make communication harder between you and your spouse	298(74.1)	104(25.8)				
	Erectile dysfunction cause frequent misunderstandings between you and your spouse						

$\alpha=0.05$

Table 7 above shows that the calculated chi-square value of 49.670 is greater than the table value of 9.49 at significance level of 0.05, degree of freedom 4(49.670>9.49,df.4). Therefore, the null hypothesis was rejected. Erectile dysfunction significantly influence verbal communication between couples in Ilorin, Kwara state.

Discussion

This study examined how erectile dysfunction (ED) influences the communication patterns of married couples living in Ilorin metropolis, kwara state, Nigeria. The findings reveal that ED significantly influence both verbal and non-verbal communication, resulting in behaviors such as emotional withdrawal, avoidance of eye contact, silence, frustration, and increased misunderstandings between spouses. These results highlight the deep emotional and relational implications of ED in marital settings.

The current findings **converge** with earlier studies that emphasize the relational fallout of sexual dysfunction in intimate relationships. For instance, **Brotto et al. (2016)** found that men with ED often experience shame and guilt, leading to emotional disengagement. In alignment with this, the present study showed that 81.3% of respondents reported silence or refusal to talk when facing ED-related issues, and over 82% indicated withdrawal or physical distancing. These behaviors suggest a non-verbal form of emotional coping that ultimately undermines intimacy and

communication. Similarly, **Salonia et al. (2020)** observed that ED leads to avoidance behaviors, not only in sexual contexts but also in general couple interactions. The high percentage of participants in this study (69.1%) who reported avoidance of eye contact reinforces this conclusion. Such non-verbal withdrawal is often interpreted by partners as emotional neglect or rejection, which may further escalate relational tension. Therefore, the present findings support the view that ED is not solely a clinical condition but a psychosocial stressor that disrupts marital dynamics.

Moreover, the results resonate with **Yafi et al. (2016)**, who argued that unresolved ED leads to unmet emotional and physical needs, fostering feelings of neglect and resentment. In the current study, 74.1% of participants acknowledged that ED led to frequent misunderstandings, highlighting a communication gap that often accompanies unmet expectations in marriage. This underscores the importance of emotional communication in maintaining relational harmony, particularly when physical intimacy is compromised.

Interestingly, while 68.1% of respondents indicated that they felt "comfortable" discussing ED with their spouse, 84.5% still admitted that ED made communication more difficult. This contradiction suggests that what couples perceive as comfort may be superficial—possibly influenced by cultural expectations or social desirability bias. This paradox mirrors findings by **Badr et.al (2020)**, who noted that many couples claim openness in discussing sexual issues but rarely engage in meaningful or productive dialogue about them. In cultures like Ilorin's—where discussions around sex are often culturally restricted—this contradiction may be even more pronounced.

From a theoretical perspective, these findings can be situated within the **Interpersonal Communication Theory**, which emphasizes that breakdowns in both verbal and non-verbal communication contribute significantly to relationship dissatisfaction. When communication is hindered whether due to embarrassment, fear of judgment, or emotional discomfort misunderstandings and conflict are likely to increase. The high levels of frustration and silence reported by participants in this study affirm this theoretical framework.

Also relevant is **Attachment Theory**, which posits that couples require emotional responsiveness and open communication to maintain secure bonds. ED may jeopardize this security, especially when the condition leads to emotional distancing or feelings of inadequacy. The high levels of emotional withdrawal found in this study support the idea that ED can activate attachment insecurities, particularly when communication channels are closed.

Conclusion:

Based on the findings of the study, it was concluded that erectile dysfunction led to avoidance, withdrawal, frustration, and silence and make communication harder between couple. This can create a challenging environment for open and honest dialogue, causing couple to struggle with expressing their need, desire and concern.

Recommendation:

Based on the finding of this study, it was recommended that Couples should prioritize open and honest communication about their feelings, desires, and concerns related to erectile dysfunction. Moreover, Stakeholders ought to promote and enable access to professional counseling services in order to offer psychological support, improve coping strategies, and tackle relationship issues related to erectile dysfunction. Health educators should also take an active role in increasing awareness, dispelling myths, and providing accurate information about the causes, treatment options, and management of erectile dysfunction through community-based and clinical education initiatives.

Additionally, policy-level interventions are necessary to promote the integration of sexual and reproductive health services within primary healthcare systems, ensure confidentiality and non-discrimination, and improve access to affordable diagnosis and treatment. Such multi-level interventions will aid in reducing stigma, enhancing relationship satisfaction, and improving the overall quality of life for individuals affected and their partners.

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