

Use of Aphrodisiacs amongst women in Kano, northern Nigeria.

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Abstract: Background: An aphrodisiac is a substance that increases sexual desire. Many foods, drinks, and behaviors have had a reputation for making sex more attainable and/or pleasurable. Men and women alike have continued to use aphrodisiacs whether or not these drugs have any scientific basis of truly improving sexual satisfaction without regards to their composition.

Objective: To look at the use of medications to enhance sexual performance among women attending gynaecology clinic in Aminu Kano Teaching Hospital, Kano Nigeria.

Results: 500 clients were interviewed, 220 use some medications to enhance their sexual performance (44.0%). The mean age of the respondents was 27 years, SD 5.37, mean parity was 2.6 with a SD 2.43. There is a statistically significant relationship between age and parity ($P=0.05$). Women in monogamous relationship were found to use medication to enhance sexual satisfaction compared to those in polygamous relationship. The herbalist/traditional houses were the major source of these medications (40.96%) followed by peer influence (30.91%), while health workers contribute only 2.27%. Thirty percent of the users felt more vaginal wetness with the use of the medications, however 37% of users felt no change in sexual activity. The medications did not meet the expectations of 49% of the users.

Conclusion: The major sources of such medications are the traditionalists who never disclose the constituents of such medications.

Keywords: Aphrodisiacs, sexual performance, women

I. INTRODUCTION

An aphrodisiac is a substance that increases sexual desire.^{1,2} Many foods, drinks, and behaviors have had a reputation for making sex more attainable and/or pleasurable. However, from a scientific standpoint, the alleged results may have been mainly due to mere belief by their users that they would be effective i.e. the placebo effect. Medical science has not substantiated claims that any particular food increases sexual desire or performance.³ Sexual and Reproductive health right is a fundamental human right. The right of expression of sexual activity should have been a universal basic human right of all. This however is not obtained in all countries of the world. The level of expression of this social right is highly influenced by societal and cultural influences. Where sexual behavior is freely expressed, such as in some Western societies, individual's sexual activities are accepted in the society. This however is not the case in less developed societies especially in Africa.

Open discussions concerning sex and sexual activities are considered taboo and as such, aphrodisiacs usage is something that is talked about in low tones especially among women in this society.

Sexual behavior among non-primates is strictly centered on procreation. The female specie of non-primates evolved some intricate mechanism of disentangling the hormonal influence of sexual desire to periodicals-only when they are fertile that sexual desire is heightened in the female and thus they come "on heat" thereby allowing the male to copulate in order to improve the chance of conception¹. This is however not the case among primates including man. Sexual activity has become the primary driving force between sexual behavior and fertility with fertility only a secondary event. Fertility among the primate species can be likened to winning a medal in a competitive sport which may not necessarily be won all the time. With primate's sophistication, sexual activity can be exploited to achieve both physical, social and/or psychological fulfillment.

This complex physical, physiological and psychological amalgamation is achieved in humans during adolescence when the responsible hormones reach their peak and modify the adolescence's behavior. These changes are however guided by social, cultural and environmental variables. This is when humans show hormonally influenced and socially modulated sexual behaviors and these most often continue throughout their sexual life.

AIM: We looked at the use of medications to enhance sexual performance among women attending gynaecology clinic at Aminu Kano teaching hospital, Kano Northwestern Nigeria.

II. METHODOLOGY

Ethical clearance was obtained from the ethical committee of the hospital. Five hundred closed ended structured questionnaires were administered after pretesting. Three junior residents in the departments were chosen and were given training on how to administer the questionnaire. They were administered to all women who attended Gynaecology clinic and gave their consent for the study.

Information obtained was analyzed using Epi-info statistical software version 8.3. Tables and percentages were used for descriptive statistics while chi square and p-value were used for test of statistical significance where appropriate.

III. RESULTS

Table 1 Shows Frequency and Percentages Of Use Of Medication To Enhance Sexual Performance, Source Of The Medication And The Reason For Its Use

Use of medication to enhance sexual performance	Frequency	Percentage
Yes	220	44.0
No	280	56.0
Total	500	100.0
Source of Purchase of Medication		
Place of purchase	Frequency	Percentage
Herbalist/ traditional	90	40.95
Friends	68	30.91
Chemists	13	5.91
Health workers	5	2.27
More than one source	10	4.55
Total	220	100.09
REASON FOR USE OF MEDICATION		
To have a better sexual satisfaction	89	40.45
Is a common practice among friends	31	14.05
To gain husband's favours	42	19.09
For husband to have stronger erection	25	11.36
More than one reason	32	14.55
Total	220	100.00
WHAT USERS FELT FOLLOWING USAGE OF MEDICATIONS		
More vaginal wetness	67	30.45
More warmth during intercourse	31	14.09
No change in feeling with intercourse	83	37.73
Sexual intercourse was generally more enjoyable	39	17.73
Total	220	100.00
LEVEL OF SATISFACTION WITH THE USE OF MEDICATION		
Very satisfied	43	19.55
Moderately satisfied	36	16.36
Satisfied	31	14.09
Dissatisfied	68	30.91
Very dissatisfied	41	18.64
Total	220	100.00

Table 2 Age And Parity Distribution Of Users And Non-Users Of Medications To Enhance Sexual Performance

Age range	Yes	No	Total
10- 19	7	9	16
20- 29	134	172	306
30- 39	79	99	178
Total	220	280	500
X² = 80.94, df = 2, p = 0.000			
PARITY			
0- 4	164	219	383
5- 9	46	48	94
10 & >	10	13	23
Total	220	280	500
X² = 13.53, df = 2, p = 0.001			

Usage Vs Number Of Wives

Usage of medication	Number of wives				Total
	One	Two	Three	Four	
Yes	166	39	10	6	220
No	235	27	9	9	280
Total	401	66	19	15	500

$$X^2 = 7.87, df = 3, p = 0.05$$

Use Of Medication Vs Husband'S Occupation

Use of medication	Husband's occupation			Total
	Civil servant	Self employed	unemployed	
Yes	110	105	5	220
No	126	147	7	280
Total	236	252	12	500

$$X^2 = 1.24, df = 2, p = 0.54$$

IV. DISCUSSION

Some natural items are claimed to be aphrodisiacs when ingested or applied to the body. A few of these such as *Epimedium* have significant scientific proof of effect⁴. *Epimedium* has Icariin as its primary active constituent. Icariin has been shown to relax rabbit penile tissue by increasing nitric oxide and PDE-5⁴ activity. *Citrulline* found in watermelon, is said to be converted by the body to arginine which boosts nitric oxide level-a known blood vessel relaxer⁴. Most such effects are weak and may require use over a period of time and/or consumption of large quantities to achieve the desired result.

Out of the 500 clients interviewed, two hundred and twenty use some medications to enhance their sexual performance (44.0%). From time immemorial, humans have been known to use medicaments to enhance sexual activity. This activity is not restricted to only men but women as well^{2,3}.

The name aphrodisiac, which was given to such medicaments, was thought to have originated from Greek mythology^{2,5}. In our contemporary society, men and women alike have continued to use aphrodisiacs whether or not these drugs have any scientific basis of truly improving sexual satisfaction without regards to their consequences on health and environment^{2,6}.

The mean age of the respondents was 27 years, SD 5.37 and the mean parity was 2.6 with a SD of 2.43. There is a statistically significant relationship between age and parity of the respondents with use of medications to enhance sexual performance in the study (Table 2). There is however no statistically significant relationship between spouse occupation and the use of the medication by women. Women in monogamous relationship are found to use medication more compared to those in polygamous relationship. This is probably because those in monogamous

setting want to keep the relationship monogamous while those in polygamous setting do not feel the urge to prevent polygamy anymore as they are already in it and therefore the practice is less in them. This was similar to the findings by Adinma in southern part of Nigeria where monogamy is predominantly practiced, that women are generally submissive to their spouses sexual desires⁷ though that study attributed that to the male dominance in the society.

The major reasons for use of these medications were for better sexual satisfaction (40.45%), followed by desire to gain husband`s favours (19.00%). Other reasons for use of these medications include peer practice and for husband to have good erection. These may be due to the submissive nature of our women and the fear of discussing issues relating to sexual dissatisfaction. They therefore resort to friends for solving their sexual problems.

The herbalist/Traditional houses are the major source of these medications (40.96%) followed by peer influence (30.91%), while health workers contribute only 2.27% of the source of medications. This is probably because health workers hardly ask questions concerning sexual activity with patients and the patients most often, feel embarrassed discussing such issues with their health care providers. There is a general belief in the community that ingestion of high amount of fruits increases a woman`s sexual desire. This could probably be due to high amount of ascorbic acid found in fruits⁸. Thirty percent of the users felt more vaginal wetness with the use of the medications. However, 37% of users felt no change in sexual activity with the use of medications.

In a conservative society such as ours, issues relating to sexuality are governed by religion and culture. They are hardly discussed openly and most often discussion on sexuality is considered as taboo.

Women are married out at very young ages⁹, when they are struggling to cope with anatomical and physiological changes occurring on their bodies. Such women usually find it difficult to approach senior women when faced with sexual problems. The culture of male dominance in all domestic matters in such societies makes women with sexual problems afraid of voicing out such problems for fear of husband`s rejection and divorce¹⁰. They usually resort to seeking help from their peers or to self-medication sometimes with serious consequences. Others live with their problem or risk getting divorce¹¹. Therefore, in a culture that accepts polygamy, women do what they think is right to keep their spouses to themselves so as to remain in monogamous relationship and where that fails, they ensure that they win the husband`s attention when they are in a polygamous relationship⁷. Sexual activity is one strong means employed by some women to achieve these desires. We found 11.36% of the women use aphrodisiac in order for their husbands to have stronger erection. These women resort to use of all sort of medicaments both orthodox and traditional, some with deleterious effect on their health. The study showed that the medications did not meet the expectations of 49% of the users and were not satisfied with their usage.

V. CONCLUSION

The use of medications to enhance sexual performance is rampant among women in our community. Their major sources of such medications are the traditionalists who never disclose the constituents of such medications. The medical implications of such medications are not known. There is the need for healthcare givers to routinely enquire about sexual health of their clients so that appropriate advice could be offered to them in order to reduce frequent visits to traditional/ herbal homes for sexual dissatisfaction.

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