

BUILDING BLOCK OF HEALTHY MARITAL HOME, PREDICTORS OF APHRODISIAC USE IN NORTHERN GHANA

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Abstract

Productivity in any spheres of life depends solely on a stable psychic state which earns its roots from a healthy marital home. Sexual satisfaction has been a major determinant of marital quality which happens to be lacking in most marital homes leading to man resorting to aphrodisiacs to mend these marital cracks. This work focused on how frequent men think about sex, how they acquire aphrodisiacs and predictors of aphrodisiac use. The study employed non experimental study design, using both qualitative and quantitative research method. Cochran's (1977) formula was used to determine the sample size. Multi stage sampling technique was used to obtain the respondents. Data was analysed using the Statistical Package for the Social Sciences Software version 22 (SPSS). Qualitative data was coded using content analysis for further analysis.

Majority of the respondents 80 (23.8%) were within 15-25 years. Majority of the research participants acknowledged faith in Islam constituting 210 (62.5%) and source of obtaining sex enhancers was through road side vendors which constitute 119 (35.40%). Marital status and religion of respondents showed a significant relationship. Majority of them think about sex once daily 120(35.7%) as compare to those who think about sex several times in a day. People with desire to satisfy both parties sexually are about 2.14 times more likely to use aphrodisiac as compare to those who use sex enhancers for different reasons. A stable mental status gains its source from a healthy home, which is not only determined by one's wealth but the ability for a man to perform his reproductive role. Continuous education should be conducted by Ghana health service on the need of healthy living. Government through its law enforcement agencies should monitor the kind of aphrodisiac that comes into the market since majority of the respondents obtain them from road side vendors without being prescribed.

Keywords: Sexual satisfaction, Marital-life, Predictors of Aphrodisiac.

1. INTRODUCTION

Throughout history man has always been on strife of preserving, redeeming and increasing their sexual potency through the use of sexual stimulants. Globally, herbal medicine has been a major source of accomplishing sexual needs among couples or sexual partners. Traditional medicine usually constitutes 25% of the active ingredient prescribed in orthodox medicine. It is not new that the word is cushion on the sense of love. The idea that the sense of love has been the instrument of human continuity and creation has been built on its effects on humanity (Zanolari, B., Ndjoko, K., Ioset, J.-R., Marston, A. and Hostettmann, 2003) (Daniel Yaw Fiaveh, 2020) (Banda, Nyirenda, & Sijumbila, 2017) (Kotta, Ansari, & Ali, 2013) (Moore & Pithavadian, 2021) (Chauhan, Sharma, Dixit, & Thakur, 2014).

Aphrodisiac is derived from the word Aphrodite in Greek, implying goodness of love, sex and beauty (R. Singh, Ali, Jeyabalan, Semwal, & Jaikishan, 2013). Aphrodisiac refers to a type of drink or food that has the potential to arouse someone sexually. These substances are classified based on their mode of action: libido increasing

substances, sexual potency improving substances and sexual pleasure improving substances. Significant amounts of plants are sources of aphrodisiacs (Malviya, Jain, Gupta, & Vyas, 2011) (Pratap & Rajender, 2012) (Banda et al., 2017) (R. Singh et al., 2013).

Healthy marital home is determined by marital satisfaction which has a direct relationship with sexual satisfaction. The success and satisfaction of marriage is paramount in any society than the marriage itself (Khalatbari, Ghorbanshiroudi, Niaz, & Bazleh, 2013).

Marital instability and divorce rate decrease due to higher level of sexual satisfaction results in higher marital satisfaction. In a descriptive-correlational study, sexual satisfaction was found to have significant relationship with marriage stability and hence health marital homes which in turn decreases marital instability and divorce.

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Women who seek for divorce scored higher rate of low sexual satisfaction, have higher scores in marital problems. Marital problems are been predicted by sexual satisfaction (Shakerian, Nazari, Masoomi, Ebrahimi, & Danai, 2014) (Article, 2014) (Litzinger, Gordon, Litzinger, & Gordon, 2007) (Arnou et al., 2002) (Khalatbari et al., 2013) (Guo & Huang, 2010). The major determining factor in a marital satisfaction is sexual satisfaction. Poor sexual or Dissatisfactory intercourse contributes to the feelings of frustration, deprivation and lack of safety and will likely have negative repercussions on mental health, thereby disintegrating family life (Tavakol et al., 2017) (Freihart, 2020) (World, 2018).

Acquisition of aphrodisiacs and frequency of sex cognition

Aphrodisiacs that are being used in the system are mostly not under prescription from drug peddlers (Manortey, Mensah, & Acheampong, 2018). The driven force of aphrodisiac use include advertisement from the media (Daniel Y. Fiaveh & Okyerefo, 2019), possession of multiple sex partners, no medical condition indicated and age (Bediako, 2019).

An analysis using multiple regressions with socio-sexuality, erotophilia and social desirability variables of sex participants indicates significant of association of erotic (sexual) thoughts. Another model that uses socio-sexuality, erotophilia and social desirability variables of sex participants to test the frequency of sex thoughts for both genders indicated significant relationship for both men and women. Predictors of frequency of sexual cognitions were sexual desirability and erotophilia response. Men think about sex more frequently than women do (Fisher, Moore, & Pittenger, 2012).

Sexual behavior was assessed through frequency of sexual imagery. Externally provoked sexual thoughts and internally generated sexual thoughts were used to determine the differences sexual viability. Using study participants of 47 females and 49 males for 3 days self-monitored the frequency of sexual desires, fantasies and masturbatory fantasies for 7 days. The major result unraveled from the work was that men have higher frequency of sexual desire and masturbatory fantasies than women. No gender differences emerged with respect to fantasies. It was also realised that men think about sex at least once in a week and 16% has auto erotic character (Jones, et al., 1990).

A lot of studies have been conducted to elucidate and establish reliable sexuality differences in terms of gender, however, a handful has been able to empirically examined situations under which such clear differences can be eliminated. We demonstrate how creative theoretical and empirical approaches may shed light on prevalent misconceptions concerning sex-related gender differences. Frequency of sexual thoughts is the most frequently used measure of sexual drive and desire. Psychologists undoubtedly look at the urban myth of men having thoughts about sex “every seven seconds,” but, we might wonder, isn’t there a large kernel of truth to the stereotype that men’s thoughts are sex-bound? (Conley, Moors, Matsick, Ziegler, & Valentine, 2011).

Predictors of aphrodisiac use

The goal of man using aphrodisiac is to demonstrate his status and prestige in the society, punish their sexual partners and as an approach to proof of masculinity. The effect of age has also been a predicting factor for aphrodisiac use (Atindanbila, Mawusi, Attiogbe, Edward, & Amooba, 2014). Majority of people use aphrodisiacs for recreational purpose rather than prescription by medical practitioner and it predisposes them to the use of illegal drugs and sources of infection to sexually transmitted diseases (Makwana, Solanki, Raloti, & Dikshit, 2013) (Ahmed et al., 2017) (Hospital & Maharashtra, 2017). Marital satisfaction has a significant relationship with sexual gratification in any family that is seeking healthy marital home (Nasir et al., 2020).

An individual is identified as an adult in the social support system by being engage in marriage though indicators of success or failure in life has not elaborated. Sexual satisfaction is a major factor contributing to marital stability or instability. Poor sexual satisfaction has been a key factor in marital homes requesting for divorce, higher marital problems are associated with poor or low sexual satisfaction (Shakerian et al., 2014) (Sadat & Fini, 2016).

2. RESEARCH OBJECTIVE

1. To determine how frequent men think about sex and acquisition of aphrodisiacs.
2. To explore the predictors of aphrodisiac use.

3. PROBLEM STATEMENT

Erectile dysfunction is one of key factor to unhealthy marital homes. Patronage of aphrodisiac remains high in a Ghanaian community (Manortey et al., 2018). Every home thrives on peaceful relationships, the wealth does not matter most but man’s ability to perform his biological function of meeting his wife sexual gratification (Daniel Yaw Fiaveh, 2020). Quality of life in our homes continues to depreciates due to disorders of sexual function and warrants public health concern (Amidu, Owiredo, Woode, Gyasi-sarpong, & Alhassan, 2010) (Bediako, 2019). Quality of life in our homes is determined by sexual health which translates to better life in our society. Aphrodisiac potentials are resort to in reviving healthy sexual life (B. Singh, Gupta, Bansal, Singh, & Kumar, 2010). The basic reason of man taking aphrodisiac is to correct erectile problems (Agai, 2009). Herbal sexual enhancers demand continuous to be on a risen scale, which is attributed to men undergoing anatomical changes and diseases conditions including hypertension and diabetes (Srikanth, Ahmed, & Shehab, 2015). Sexual enhancement, pleasure and appetite have contributory effects on the use of aphrodisiacs (Tabil, 2011).

4. RESEARCH METHODOLOGY

Study design

The study employed non experimental study design, using both qualitative and quantitative research method. Mixed research method is an approach that helps to obtain answers to both quantitative and qualitative questions thereby doing away with biases that may be presented in single research approach (Creswell, 2013).

Sample size was determine using Cochran’s (1977) formula;

$$N = N = t^2 \times p(1-p)/m^2$$

Where; N=sample size

t= standard normal distribution= 1.96

p= prevalence rate of aphrodisiac use according to (Danquah, Koffuor, Anto, & Nimako, 2011) =0.61

m= margin of error = 0.05

$$N = 1.962 \times 0.61(1-0.61)$$

0.0025

$$N = 359.57$$

Approximate sample size = 360

Taking 5% of sample size for non-respondent rate = 5% of 360=18

The sample size (N) =360+18

$$N = 378$$

Proportionate sampling was used to select twenty (20) respondents, eighteen (18) respondents and twelve (10) respondents from fifteen (15), three (3) and two (2) communities respectively taking into the sizes of the communities thus $12 \times 2 + 20 \times 15 + 18 \times 3$. The source of data for this study was primary data.

A questionnaire that constituted open ended and close ended was used to collect the data. Respondents who were not literates were assisted in answering the question. Study subjects were observed using a check list. A focus group discussion was organized constituting eight (8) participants of different age categories to obtain more data on the topic using focus group discussion guideline.

Data analysis

Data was analysed using the Statistical Package for the Social Sciences Software version 22 (SPSS). Qualitative data was coded using content analysis to enable it being analysed using the statistical package.

Descriptive statistics including frequency, percentage bar chart was used to analysed the demographic data. A pie chart was used to illustrate sources of information and how aphrodisiacs were acquired.

A cross tabulation to was used establish relationship between demographic characteristics and aphrodisiac use. A cross tabulation between age groups and how often they think about sex was also carried out. A multinomial regression analysis of aphrodisiac use and its predicting factors (usage; ageing, disease, multiple sex partners, ego, recreation and sexual satisfaction).

5. FINDINGS

Demographic characteristics of research respondents

A total of 378 questionnaires were administered, with 336 questionnaires being completed given a respondent's rate of 89%. Study participants age range from 15 to 78 years old. Those who were within 15-25 constituted majority of the respondents 80 (23.8%). Those who were within 26-35, 36-45, 46-55, 56-65 and 66+ were 71(21.1), 67(19.9%), 36(10.7%), 40(11.9%) and 42(12.5%) respectively with those within 56-65 forming the least respondent. Majority of the research participants

acknowledged faith in Islam constituting 210 (62.5%), 89(26.5%) were Christians, the traditional believers and pagan constituted 16(4.8%) and 21(6.3%) respectively. With regards to their marital status, 190 (56.5) were married and 146(43.5%) were single. Study participants were engaged in myriad of jobs; however, those who were unemployed were 82(24.4%). Majority of the participants were self-employed constituting 104(31%). Majority of the respondents had some level of education except 16(4.8%) who did not have formal education. These demographic characteristics have been illustrated in Table 1.

Acquisition of aphrodisiacs

Majority of the study participants indicated that the source of obtaining sex enhancers was through road side vendors which constitute 119 (35.40%). Those who obtain their sex enhancers from over-the-counter medicines stores constitutes 91(27.08%), those who buy them from pharmacy that is under prescription were 53(15.77%), those who obtain it from internet were 3(0.89%) and those obtain it from friends and aphrodisiac dealers were 65 (1.49%) and (19.35%). This is illustrated in figure 1.

Demographic characteristics and usage of aphrodisiacs

A binary regression analysis of the use of aphrodisiacs and demographic characteristics was conducted at 95% confidence level demonstrated significant relationship between aphrodisiac use and the demographic characteristics. Marital status and religion of respondents showed a significant relationship. However, age, educational level, and occupation do not have a significant relationship (Table 2).

Table 1 Demographic characteristics of respondents.

Age in years	Frequency	Percent (%)
15-25	80	23.8
26-35	71	21.1
36-45	67	19.9
46-55	36	10.7
56-65	40	11.9
66+	42	12.5
Total	336	100.0
Religious affiliation		
Christian	89	26.5
Muslim	210	62.5
Traditionalist	16	4.8
Pagan	21	6.3
Total	336	100.0
Marital status		
Single	146	43.5
Married	190	56.5
Total	336	100.0
Type of occupation		
Artisan	57	17.0
Self employed	104	31.0
Civil servant	93	27.7
Unemployed	82	24.4
Total	336	100.0
Educational Status		
Never being to school	16	4.8
Primary	19	5.7
Junior High School	42	12.5
Senior High School	71	21.1
Tertiary	188	56.0

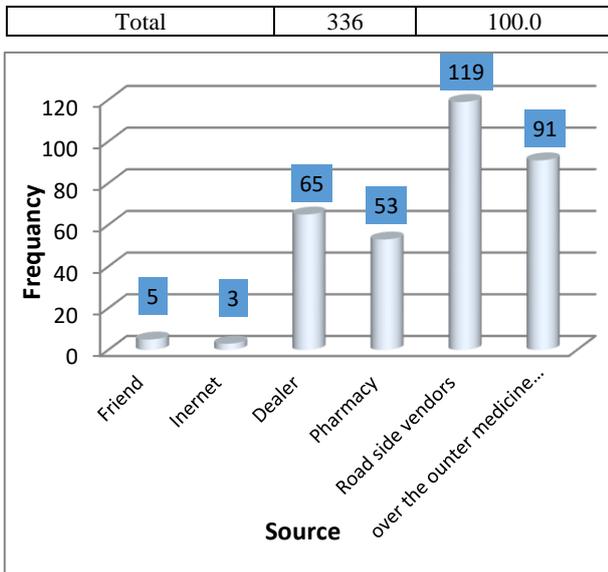


Figure 1 Sources of acquisition

Table 2 Test of relationship between usage and demographic factors

Demographic characteristics	Do you use aphrodisiac		Chi-Square (p-value)
	Yes	No	
Age in years			
15-25	52	28	4.543 (0.474)
26-35	49	22	
36-45	49	18	
46-55	21	15	
56-65	28	12	
66+	24	18	
Religious affiliation			
Christian	58	31	9.836 (0.020)
Muslim	146	64	
Traditionalist	5	11	
Pagan	14	7	
marital status			
Single	108	38	6.688 (0.010)
Married	115	75	
Type of occupation			
Artisan	38	19	0.191 (0.979)
Self employed	69	35	
Civil servant	63	30	
unemployed	53	29	
Educational Status			
Never being to school	12	4	2.395 (0.663)
Primary	13	6	
Junior High School	24	18	
Senior High School	49	22	
Tertiary	125	63	

Frequency of thinking about sex and age of the respondents

In the study conducted, majority of people within 15-25 years often think about sex once in a week and only few who do not think about sex all. Majority of those who are within 26-35 years think about sex once in a week as compare with few of them who do not think about sex. In all the age groups, majority of them think about sex once daily (120) as compare to those who think about sex several times in a day, twice in a day and those who do not think about sex at all who were 87, 82 and 47 people respectively. At confidence interval of 95%, age and frequency of thinking about sex have a significant relation with p value of 0.000. This is illustrated in Table 3.

Marital status and frequency of thinking about sex

Analysis of the data indicates that, 41 of the respondents who are single think about sex several times in a day against 46 people who are married. 62 of those who are single think about sex once twice in a day against 58 of those who are married. 31 of those who are single think about sex once in a day against 51 respondents. Twelve of the respondents do not think about sex at all among the singles as against the married of 35 respondents do not also think about sex at all. This indicates a relationship between marital status and frequency of thinking about sex at 95% confidence interval with $p < 0.05$. Table 4 illustrates the relationship.

Relationship between marital status and how often they think about sex

A binary logistic regression indicates a significant relationship between marital status and how often people think about sex. At the confident level of 95%, and $p < 0.05$ there is a significant relation (AOR=0.65, $p=0.001$, and CI: 0.50 to 0.85).

Table 3 Test of association between age and frequency of sex thoughts

Age in years	How often do you think about sex in the past week				Total	Test statistic (P-value)
	Several times in a day	Once in a day	Twice in a day	Not at all		
15-25	Count: 27	Count: 39	Count: 6	Count: 8	Count: 80	
	Expected Count: 20.7	Expected Count: 28.6	Expected Count: 19.5	Expected Count: 11.2	Expected Count: 80.0	
26-35	Count: 17	Count: 23	Count: 21	Count: 10	Count: 71	44.35(0.000)
	Expected Count: 18.4	Expected Count: 25.4	Expected Count: 17.3	Expected Count: 9.9	Expected Count: 71.0	
36-45	Count: 27	Count: 14	Count: 17	Count: 9	Count: 67	
	Expected Count: 17.3	Expected Count: 23.9	Expected Count: 16.4	Expected Count: 9.4	Expected Count: 67.0	
46-55	Count: 5	Count: 14	Count: 9	Count: 8	Count: 36	
	Expected Count: 9.3	Expected Count: 12.9	Expected Count: 8.8	Expected Count: 5.0	Expected Count: 36.0	
56-65	Count: 5	Count: 19	Count: 11	Count: 5	Count: 40	
	Expected Count: 10.4	Expected Count: 14.3	Expected Count: 9.8	Expected Count: 5.6	Expected Count: 40.0	
66+	Count: 6	Count: 11	Count: 18	Count: 7	Count: 42	
	Expected Count: 10.9	Expected Count: 15.0	Expected Count: 10.3	Expected Count: 5.9	Expected Count: 42.0	
Total	Count: 87	Count: 120	Count: 82	Count: 47	Count: 336	
	Expected Count: 87.0	Expected Count: 120.0	Expected Count: 82.0	Expected Count: 47.0	Expected Count: 336.0	

Table 4 cross tabulation of marital status and frequency of sex thoughts

Marital status	How often do you think about sex in the past week				Total	Test statistic (P-value)
	Several times in a day	Twice in a day	Once in a day	Not all		
Single						10.980 (0.012)
Count	41	62	31	12	116	
Expected	37.8	52.1	5.6	20.4	146.0	
Married						
Count	46	58	51	35	190	
Expected	49.2	67.9	46.4	26.6	190.0	
Total Count	87	120	82	47	336	
Expected	7.0	120.0	82.0	47.0	336.0	

Predicting factors of aphrodisiac use

A binary logistic regression of predicting variables of aphrodisiac use indicates a significant relationship. Aging has a significant influence on the use of aphrodisiacs. People who are aging are likely to use aphrodisiac 2.4 times more than the youth. The effect of diseases including sexual transmitted diseases and chronic diseases like hypertension and diabetes has also proven a significant predicting variable of aphrodisiac use. People with diseases are about 0.5 times more likely to use aphrodisiac than those who are healthy. The sexual satisfaction has a significant influence on the use of aphrodisiacs. People with desire to satisfy both parties sexually are about 2.14 times more likely to use aphrodisiac as compare to those who use sex enhancers for different reasons. This has also been indicated by FGD participant F, who said that “peace in a marital home is solemnly determined by how well man is able to perform on bed.” The ego of man to prove to females as a man and multiple sexual partners are also significant predicting factors of aphrodisiac use. The urge of ego and possession of multiple sex partners showed 0.33 and 2.15 times more likely to use aphrodisiac for ego and multiple sexual partners respectively. However, fun, peer influence sexually has not been significant at 95% confidence level and p value of <0.05. This is presented in Table 6.

Marital status and erectile dysfunction

A chi square test was carried out to determine whether there is relationship between marital status and erectile dysfunction. Those who were single has a cell count of 66, 27 and 53 for having erectile dysfunction once a while, all the time and no erectile dysfunction respectively. Those who were married had cell count of 104, 55 and 31 for having erectile dysfunction once a while, all the time and no erectile dysfunction respectively. Those who are married had more cell count for having erectile dysfunction once in a while. This has shown significant relationship as p<0.05. This is illustrated in Table 7

Table 5 Relationship between marital status and how often they think about sex

Marital status	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for EXP(B)	
							Lower	Upper
Frequency of think of sex	.430	.134	10.239	1	.001	.651	.500	.847
Constant	1.020	.263	15.057	1	.000	2.772		

Table 6 Binary logistic regression of predicting factors of aphrodisiac use

Predictor	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for EXP(B)	
							Lower	Upper
Aging	.865	.303	8.143	1	.004	2.376	1.311	4.305
Diseases	.690	.330	4.375	1	.036	.502	.263	.957
Sexual satisfaction	.761	.314	5.887	1	.015	2.141	1.158	3.961
Fun	.125	.287	.189	1	.664	1.133	.645	1.988
Peer influence	-.140	.259	.292	1	.589	.869	.523	1.445
Ego	-1.104	.353	9.799	1	.002	.332	.166	.662
Multiple sexual partiers	.764	.273	10.388	1	0.001	2.147	1.349	3.418
Constant	-.651	.729	.799	1	.371	.521		

Table 7 marital status and frequency of erectile dysfunction

Marital status		Frequency of erectile dysfunction				Chi square (p<0.05)
		Once a while	All the time	No erectile dysfunction	Total	
Single	Count	66	27	53	146	18.37 (0.000)
	Expected Count	73.9	35.6	36.5	146.0	
	% Within marital status	45.2%	18.5%	36.3%	100.0%	
Married	Count	104	55	31	190	
	Expected Count	96.1	46.4	47.5	190.0	
	% Within marital status	54.7%	28.9%	16.3%	100.0%	
Total	Count	170	82	84	336	
	Expected Count	170.0	82.0	84.0	336.0	
	% Within marital status	50.6%	24.4%	25.0%	100.0%	

Majority of the study participants indicated acquired aphrodisiacs without prescription through road side vendors which constitute 119 (35.40%). Those who obtain their sex enhancers from over-the-counter medicines stores constitutes 91(27.08%), those who buy them from pharmacy that is under prescription were 53(15.77%), those who obtain it from internet were 3(0.89%) and those obtain it from friends and aphrodisiac dealers were 65 (1.49%) and (19.35%). The phenomena of use of aphrodisiac without prescription is similar to the work of (Bediako, 2019) (Makwana et al., 2013) (Ahmed et al., 2017) (Hospital & Maharashtra, 2017).

Marital status and religion of respondents showed a significant relationship. However, age, educational level, and occupation do not have a significant relationship (Atindanbila et al., 2014) (Ziaee et al., 2014).

Majority of people within 15-25 years often think about sex once in a week and only few who do not think about sex all. Majority of those who are within 26-35 years think about sex once in a week as compare with few of them who do not think about sex. In all the age groups, majority of them think about sex once daily (120) as compare to those who think about sex several times in a day, twice in a day and those who do not think about sex at all who were 87, 82 and 47 people respectively. At confidence level of 95%, age and frequency of thinking about sex have a significant relationship, with p value of 0.000. 62 of those who are single think about sex once twice in a day against 58 of those who are married. 31 of those who are single think about sex once in a day against 51 respondents. Twelve of the respondents do not think about sex at all among the singles as against the married of 35 respondents do not also think about sex at all. This indicates a relationship between marital status and frequency of thinking about sex at 95% confidence interval with p<0.05 which is similar to the findings of (Fisher et al., 2012) (Jones, et al., 1990) (Conley et al., 2011).

A binary logistic regression of predicting variables of aphrodisiac use indicates a significant relationship. Aging

has a significant influence on the use of aphrodisiacs. People who are aging are likely to use aphrodisiac 2.4 times more than the youth similar to the work of (Atindanbila et al., 2014) on qualitative work on Bio-Psychosocial Factors Associated with the Use of Sexual Enhancers Among Ghanaian Men. The effect of diseases including sexual transmitted diseases and chronic diseases like hypertension and diabetes has also proven a significant predicting variable of aphrodisiac use. People with diseases are about 0.5 times more likely to use aphrodisiac than those who are healthy. Sexual satisfaction has a significant influence on the use of aphrodisiacs. Sexual satisfaction on the part of both partners has been significant relationship with aphrodisiac use which has core role in healthy marital home (Amidu et al., 2010) (Bediako, 2019) (Ziaee et al, 2014). The ego of man to prove to females as a man and multiple sexual partners are also significant predicting factors of aphrodisiac use. The urge of ego and possession of multiple sex partners showed 0.33 and 2.15 times more likely to use aphrodisiac for ego and multiple sexual partners respectively. Man, ability to prove of himself as a man through his reproductive role serve as a foundation to healthy marital home (Shakerian et al., 2014) (Sadat & Fini, 2016) (Daniel Yaw Fiaveh, 2020). However, fun and peer influence has not been significant at 95% confidence level and p value of <0.05 similar to work of (Manortey et al., 2018) (Makwana et al., 2013) (Ahmed et al., 2017) (Hospital & Maharashtra, 2017) and contrary to (Ziaee et al, 2014) (Atindanbila et al., 2014).

6. CONCLUSIONS AND RECOMMENDATION

One's ability to perform in life in any discipline depends on his/her psychic state. A stable mental status gains its source from a healthy home, which is not only determined by one's wealth but the ability for a man to perform his reproductive role. Continuous education should be conducted by Ghana health service on the need of healthy living; balance diet, exercise and routine checkups in order to boost the immune system to fight disease. Government through its law enforcement agencies should monitor the kind of aphrodisiac that comes into the market since majority of the respondents obtain them from road side vendors without being prescribed. Pre-marital counseling will be paramount in ensuring healthy marital home and regular education of couples on the need to compromise their biopsychosocial needs to maintain a healthy marital home.

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