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In this volume, sixteen (16) papers scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Knowledge and utilization of oral rehydration therapy in the treatment of diarrhoea among under-five mothers in Lagos, Nigeria; **Prevalence and risk factors of neonatal jaundice in special care baby unit of Ahmadu Bello University Teaching Hospital Zaria, Nigeria**; Factors influencing teamwork performance among health workers in University College Hospital, Ibadan; Perceived effects of Aphrodisiac on women of Kaura ward, in Zaria city of Kaduna State, Nigeria; Umbilical cord care practices and management outcome among mothers in selected primary health centres in Mushin Local Government Area, Lagos State, Nigeria; Assessment of knowledge of sickle cell anaemia among primary health care workers in Zaria city, Kaduna State, Nigeria; Utilisation of postnatal care services among women of childbearing age in Primary Health Care Centres in Niger State, Nigeria; School Health: an analysis of boarding school clinic facilities in Kano State, Nigeria; **Perception of women towards teaching of sexuality education in secondary schools in Ibadan, Oyo State, Nigeria**; Effect of two assessment strategies on physiotherapist students competence in Cardiff University United Kingdom; Family Health a “Sine Qua Non” to effective maternal and child health care; Application of trans-theoretical model of health promotion and approaches to health promotion in tackling alcohol abuse; Cervical cancer screening among women: a tool for prevention of Cancer; Effect of training programme for school health nurses on adolescents decision-making on reproductive health in Ijebu Ode Local Government Area of Ogun State, Nigeria and Knowledge of nursing process and attitude of undergraduate nursing students towards its utilization in a Tertiary Health Institution, Edo-State, Nigeria. Knowledge of Psychological Distress and Post Partum Bues among Pregnant Women in Wesley Guild Hospital, Ilesa Osun State, Nigeria.

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INVESTIGATING THE PERCEIVED EFFECTS OF APHRODISIAC ON WOMEN OF KAURA WARD IN ZARIA CITY OF KADUNA STATE. NIGERIA.

Bayero A, Balarabe R, Addakano B, Uthman R

ABSTRACT

This study determines the perceived effects of some common aphrodisiac among married women of Kaura ward, in Zaria city of Kaduna state. A descriptive survey design was adopted and the instrument for data collection was questionnaire. A total of 300 questionnaires were distributed, but only 264 were retrieved, the data collected were analyzed. The statistics used for data analysis was percentages and frequencies. Findings of this study showed that majority of respondents were between the ages of 31-40yrs, 78% were Hausa and 49.2% had attained tertiary education. All of them are married; further findings showed that 34.8% of respondents are 1st wives, (uwargida). The result of this study showed that all the respondents have full knowledge of aphrodisiac and majority have been using the drug for 11-20years. The result further revealed that the type of aphrodisiac used by respondents include herbal drink and vaginal insertion type. This study also showed that the perceived good effect of aphrodisiac is increasing one's desire to have sex and respondents achieved marital gains. Lastly, the perceived side effects of aphrodisiac drugs are chronic vaginal itching and Leukorrhoea. In conclusion, Women should be more educated on the side effects of aphrodisiac, the pshyco-physiologicals and the internals (during family life education). They should be encouraged to eat good foods, fruits and vegetables. Sex education in schools should include the selection and use of aphrodisiacs, most especially the phyco-physiological.

INTRODUCTION

Background of the Study

The word aphrodite, was derived from the Greek goddess of love. Pate, et al., (2011) defined Aphrodisiac as substances which arouses or increases sexual desire, and can also be used to treat sexual debility or to improve sexual behavior and thus satisfaction in humans. It refers to drugs that enhance sexual desire and performance, thereby leading to greater sexual satisfaction. Aphrodisiacs are invented to treat men and women suffering from sexual dysfunctions. They are also used to increase low libido, treat impotence and people with physiological problems that affect sexual activity. Oniye, et al., (2016). The use of Aphrodisiac can be traced as far back as the beginning of mankind, where the body odor (scent), is the earliest known to have been used by animals. The male animal sniffs the female genitals to determine her readiness to mate. Experts reveal that aphrodisiac work in different ways: initially, it affects the brain, it affects the different parts of the body like increasing the blood flow in sex organ and lastly by making the body to produce natural chemicals associated with sexual desire.

The effect of aphrodisiac also includes increasing one's desire to have sex, reducing one's usual inhibition about sex and improving one's ability to have sex. Oniye, et al., (2016). Oniye, et al., (2016), Suleiman (2009) and Bello (2002) reveal that the sexologists classified aphrodisiacs into two major groups, these are Psycho-physiological: e.g. those that

have visual, tactile, and olfactory effects and Internals i.e. those that act directly on body systems and are derived from food, alcohol, drinks, drugs, love portions, medical preparations and so on.

Psychophysiological types of aphrodisiacs are anything that can affect the sense of sight, smell or touch and consequently bring the individual to a state of arousal such as: - - Music which can create moods in individuals especially, when two lovers sit on a couch, with the light turned low, and put on a romantic music, it usually put them into a state of arousal.

- **Massaging and Sensual Touch:** - The act of massaging or touching a lover in intimate and sensitive places can create a personal bond and a state of arousal.
- **Scents:** The aroma of some perfumes, soaps and cologne, if worn by a lover, can sensitize the senses into a state of arousal (*Suresh, Sikka and Bartolome 2018*)
- **Romantic Movies (blue films):** - Watching a blue film (phonographic) while cuddled on a couch with a loved one is a good aphrodisiac.
- **Erotic Novels and phonographic pictures:** - The phenomenon is the same as the movies.

Internal types of aphrodisiacs are anything that can be ingested, applied or inserted into the body, and is subsequently absorbed and the effect can be appreciated. The internals also come in various forms such as Foods, Chemicals/ Hormonals and Herbal Supplements. Pate, (2011) and Oniye, (2016).

Foods: -Since early times (hundreds of thousands of years ago), people have claimed that certain food items have the power to inspire love or lust, or enhance their sexual performance.

- Sea foods are used, because Aphrodite, believed to be the goddess of love originated from the sea. Foods that are considered sexy are smooth, rich, creamy,

exotic or spicy. (*Romm A& Mitch, C 2010*). Another example is the oyster which many believed has magical sexual powers. The oyster got its function because it resembles a woman's vagina. It also comes from the sea. Other examples of food items used are:

- **Banana** that actually contain high amounts of potassium, and vitamin B. which are necessary for production of sexual Hormones. It also looks like the man's penis.
- **Nuts** (Tiger Nuts/Walnut and pine). These have been used since the time of the Romans, also Gingko nuts by the Chinese. The Nuts contain high amounts of anti-oxidants, which help in stimulating blood circulation, thereby enhancing adequate supply to sex organs during excitement stage.
- **Honey** is a sweet food made by bees, using nectar from flowers, which is later collected by beekeepers. Honey has a long history of human consumption and it is used in various forms for many reasons ranging from sweeteners to treatment of minor ailments e.g. fertility problem, embalming of the dead, dressing of wounds and also as aphrodisiacs. Scientifically, honey is rich

in vitamins needed for testosterone production in men, cause penile erection and stimulates the production of spermatozoa. In women, it helps the body to metabolize and use oestrogen. (*Michael 2008; Romm A& Mitch, C 2010*)

Sulaiman (2009) opines that women are said to be the most affected by sexual problems in marriage (according to medical literature) and sexual frigidity is exclusively to women. No wonder why women use aphrodisiac. Men are assumed to have stronger sexual impulse than women. However, in men, the disorder once known as impotence, is eventually changed to "erectile dysfunction" (Oniye, 2016). He further states that a lot of people around the world (both men and women) suffer from sexual dysfunction, so it is

easy to understand the need to search for a solution to their problems. Sexual dysfunctions have been known to cause a variety of psychological effects e.g. depression and suicide.

Examples of sexual dysfunction in men include erectile dysfunction / impotence which refers to the inability of a man to have or maintain an erection, secondly, premature ejaculation: a situation where by a man is not able to postpone or control his ejaculation and lastly, retarded ejaculation that occurs when a man cannot have an orgasm, despite being highly aroused (Oniye, 2016). Sexual dysfunction in women include orgasmic dysfunction, refers to the inability of a woman to have an orgasm. This may be primary, meaning that the woman has never had an orgasm, or secondary, if she has had in the past, but cannot have it now, or situational, if she can have it in some situations but not in others. Other sexual dysfunctions in women are vaginismus, dyspareunia, low sexual desire, discrepant sexual desire and frigidity.

Sexual dysfunction can be caused by a variety of factors including: fatigue, illnesses. Side effect of some medicaments, alcohol, anxiety, lack of communication between partners, insufficient or ineffective sexual stimulation and relationship conflict and so on. Throughout the ages, men and women have eagerly swallowed almost any substance that is called an aphrodisiac, no matter how unappetizing it is, in a never-ending search for better sex, women have even injected things like Spanish fly which mainly may be due to more belief by the user than any pathophysiologic effect. Traditionally, it's believed that when honey is taken by a female, the sweetness will extend to her vagina and the man will find her "very sweet" also.

Jones, and Lopez (2014) examines the use of chemical substances (drug) that possess properties capable of creating sexual desire in human beings, of the most common type is

alcohol. Citations from Google revealed that some chemical substances and hormonal meant for the treatment of pathological conditions were discovered to have aphrodisiac effects, these drugs are: -

- I. Sildenafil citrate with a trade name Viagra comes in tablets, initially manufactured to treat angina pectoris, but had the side effect of improving sexual performance.
- ii. Clomipramine (Anafranil) is an antidepressant drug. It has an un-usual side effect of spontaneous orgasm every time the individual yawns.
- iii. Virekta (m) for men. It comes as capsules. It is used to increase longer, harder, bigger and more frequent erections, thereby enhancing greater stamina, increased libido and pleasure.
- iv. Virekta (f): - for women. It also comes as capsules. It brings un-inhibited pleasure, exquisite sensation and easily achievable orgasm no matter the woman's age. It is 100% safe.
- v. Women Estratest: - it is an estrogen/testosterone derivative that is used orally to boost libido.
- vi. Testosterone Patch: - Sex hormones are scientifically known to increase the libido. Some doctors prescribe estrogen to menopausal women, and testosterone to impotent men, with good results.
- vii. Cocaine, is widely used in the United States, and is said to enhance enjoyment of sex by increasing libido, and lower inhibitions. This drug can either be inhaled through the nostrils in its powder form or is smoked, and women apply in the vagina.

Herbal aphrodisiacs are found in plants such as ginseng, basil, cocoa and other natural foods. Sometimes these herbs can be taken directly while others must go through drying or mixing with other ingredients before use.

Ginseng is one of the internationally recognized herbal aphrodisiac. It is a root herb found in the Indo-Malaysian region and also China. The extracts from the root is believed to have aphrodisiac effects. It is believed to have been used by the Chinese Emperor for a long period of time. It is available in liquid form, (syrup) and as sweets. Scientifically it has antioxidant properties. Others are Mimi Lan Mintuno, which is a combination of 5 herbal roots. (Michael 2008; Romm A& Mitch,C 2010). Most herbal

remedies used are intrinsic to cultural variations and vary from culture to culture.

In Zaria Local Government where the researcher is interested, women of Kaura ward in Zaria use local as well as international herbal aphrodisiacs and common types of local aphrodisiacs which are concoctions prepared by herbalists either male or female used to increase libido and vaginal lubrication, and to ensure that married couples derive maximum sexual satisfaction from their partners (Suleiman 2009). They include "*Maganin mata*" (women's medicine), *Tsimi:/Tukudi* and "*Hakin Maye*" *Matsi*" (Insertion) others are "*Gumba*" and "*kashin bera*". Furthermore, four major forms of local preparations are given different names to make them easily marketable. For example:

- Nafi Uwarka- I pass you mother
- Bita zai zai escort her to toilet (meaning he will follow her anywhere, even to toilet)
- Karya gado – bed breaker.
- Ko gida ko mota (Ko dankaren duka) dash me a house/car or suffer the consequences.

Other types seen are the chewing stick, which is from a very sweet tree, and sweets. The positive effect of aphrodisiac has been mentioned earlier in the write up. Emphasis will now be laid on their perceived negative effects.

Perceived negative effects range from mild to

severe, acute to chronic with debilitating effects. This also depends on the type and strength of aphrodisiac used. These negative effects include vaginal infections: - presenting as itching and discharges, may or may not be accompanied with pain. Infections, are usually associated with the vaginal insertions, both the local and Orthodox and if untreated, it can lead to pelvic inflammatory disease (PID), and probably infertility if not treated. (Secondary infertility). Other forms of negative effect of aphrodisiac include Vaginal Irritations, *Luekorrhoea* and *Urinary Tract Infections* if not treated properly can migrate to the bladder and later the kidneys, this is also known as "honeymoon cystitis", *Cervical Lacerations*, Prolapse of the anterior vaginal wall *muscles*, Constriction of the vaginal canal, Addictions, *Gastro enteritis*, *Vulva-vaginal Cancers* and systemic dysfunctions. This study assessed the Perceived Effects of Aphrodisiac on women of Kaura Ward, in Zaria City of Kaduna State. Nigeria.

STATEMENT OF PROBLEM

The vaginal area is a delicate part of the body that midwives and gynecologist has expressed concerns about. The perceived effect of these aphrodisiac substances that is applied to the vaginal canal has both positive and negative effects. It is the negative effects that give concern to health workers and the researcher. Local men and women dealers are seen hawking different types of local and international aphrodisiac drugs. The traditional healers that claim to have NAFDAC registration are not helping matters with their widespread advertisements. This poses a problem because some of these drugs have instructions on their label written in either Chinese, Arabic or Indian languages, which when wrongly used may lead to adverse reactions, ranging from mild irritation to prolapse of the vaginal muscles. The aim of

sexual activity is to obtain satisfaction for both partners. However, due to one problem or the other this is not achieved and as a result, women always continue to engage themselves in the use of aphrodisiac drugs that will enhance their arousal and orgasm. This study determines the perceived effects of aphrodisiac among women of Zaria Local Government Area of Kaduna state.

OBJECTIVES OF THE STUDY

The study sets out to identify the perceived effects of aphrodisiac among women of Zaria L.G.A of Kaduna state with the following objectives so as to be able

1. To assess the respondents' knowledge about aphrodisiac.
2. To determine for how long aphrodisiac have been used.
3. To identify the types of aphrodisiac used by respondents
4. To determine the perceived effects of aphrodisiac on women
5. To assess the perceived gain achieved in its use.
6. To identify the perceived side effects about aphrodisiac.

RESEARCH QUESTIONS:

1. What is the level of respondents' knowledge about aphrodisiac?
2. How long aphrodisiac have been used by respondents?
3. What type of aphrodisiac used by respondents?
4. What are the perceived effects of aphrodisiac on women?
5. What are the perceived side effects about aphrodisiac?
6. What type of gain achieved in its use?

PURPOSE OF THE STUDY

The findings will serve as an eye opener to all women using aphrodisiac, that there are unfavorable effects attached to its use; in order for them to look for other alternatives that are safer. It will help to prevent the harmful side effects of aphrodisiac agents, and enable others to identify those agents that are harmful. Apart from enabling health workers to proffer solutions to identified problems, it will also serve as reference material to other colleagues and students who would like to use it in the future.

JUSTIFICATION OF THE STUDY

The research study will provide an insight into the perceived effects (both useful and harmful) of common aphrodisiac drugs associated with their use and prevent genito-urinary infections and conditions in women. Finally, the research knowledge will help to enlighten the public, in order to improve the health status of women in Zaria and the society at large.

METHODOLOGY:

Study Design: The design of the study was descriptive in nature.

Study Setting: The study was carried out in Zaria city (Kaura ward). It consists of married women both working class and complete housewives in monogamous and polygamous homes, including the aged. The aged also have used one form or another of the aphrodisiac in their youth. Zaria city is a historic city; It is the home of the famous and legendary queen i.e. Queen Amina. Zaria is bounded by Tudun Wada in the North, low cost in the South, Wusasa in the west and in the east by Jos Road. Almost 90% of the population are Hausa/Fulani with a few settlers from Borno, Sokoto, Yoruba lands and Nupe lands, 100% are Muslims. The Local Government headquarters is at "Fada" i.e. not far from the Emirs palace. Zaria city has six (6) wards i.e.

Kwarbai A, Kwarbai B, Kaura, Anguwan juma, Limancin kona and Anguwan fatika. Kaura ward was selected due to proximately and these women do come for medical assistance, which inspired the researcher's interest.

Sampling Size and Sampling Technique: The houses in Kaura ward are about 300. Each house is a polygamous setting with a minimum of 3 men with their wives and a maximum of 8 men with their wives (3 generation families). Some of the men have one wife, while majority have 2-4 wives. Houses were selected randomly, and 1 respondent was obtained from each house using availability sampling techniques. Two dealers were interviewed, one male and one female. Interview guided questionnaire was administered to the respondents.

Instrument Design: The instrument used for data collection was interview guided questionnaire and structured interviews. Open ended questions and closed ended questions were designed so as to bring out the objective of the study.

Method of Validating Instrument: The instrument was closely monitored and

supervised by experts for content and focus on the research objective. .

Method of Data Collection: Questionnaires were distributed to respondents individually. Each woman thinking, she is the only one being given in order to obtain authentic results. Those that cannot fill it were assisted by the researcher in their presence after due consultation.

Ethical Issues: There was no column for name and house number in the questionnaire, and all interactions were done in private and treated with confidentiality

Method of Data Analysis: The data was analyzed using descriptive statistical methods such as frequency percentages.

Limitation of Study: The research is limited to the effect of aphrodisiac, felt/experienced by women of Kaura ward in Zaria city. (2) Some of the respondents are shy in answering the questions, due to the sensitively of the topic and nature of the Hausa Fulani women. (3) There is paucity in availability of relevant reference material.

RESULTS

Data is presented in form of Frequencies and Distribution Tables.

Table 1 shows that 11.4% are within age group of 15-20yrs old, 30.3% within the age group of 21-30yrs, 49.2% within 31-40years, 6.1% within 41-50yrs and 3% within have a

percentage of 8%. This result reveals that majority of respondents is within 31 -40yrs.

The level of education of respondents shows that 9.1% attend quranic schools, while 11.4% attend primary school, 30.3% attend secondary school and 49.2% have tertiary education. This study shows that majority of the respondents have tertiary education.

Table 1 Socio demographic statistics

| SN | | ITEMS | Frequency | % |
|----|----------------------------|-----------------|--------------|------------|
| | Age | 15-20yrs | 30 | 11.4% |
| | | 21-30yrs | 80 | 30.3% |
| | | 31-40yrs | 130 | 49.2% |
| | | 41-50yrs | 16 | 6.1% |
| | | 51yrs and above | 8 | 3.0% |
| | | | TOTAL | 264 |
| | level of education. | Qur'anic | 24 | 9.1% |
| | | Primary | 30 | 11.4% |
| | | Secondary | 80 | 30.3% |
| | | Tertiary | 130 | 49.2% |
| | | | TOTAL | 264 |
| | Tribe | Hausa | 200 | 75.8% |
| | | Fulani | 38 | 14.4% |
| | | Bareberi | 16 | 6.1% |
| | | Others | 10 | 3.7% |
| | | | TOTAL | 264 |
| | Position | 1 | 92 | 34.8% |
| | | 2 | 86 | 32.5% |
| | | 3 | 30 | 11.4% |
| | | 4 | 56 | 21.2% |
| | | | TOTAL | 264 |

Table 2 shows that all respondents have the Knowledge about aphrodisiac

Table 2 showing knowledge about aphrodisiac.

| Knowledge | Frequency | % |
|--------------|------------|-------------|
| Yes | 100 | 100% |
| No | 0 | 0% |
| Total | 100 | 100% |

Table 3 shows that 36.3% of respondents used herbal aphrodisiac, while 32.5% used vaginal insertion type of Aphrodisiac, 3.0% used herbs taken with chicken/fish/meat, 12.5% used chewing stick/orthodox, 4.5% use

honey/sugarcane/food Aphrodisiac and lastly, 11.3% used all of type of Aphrodisiac (at different times). This study reports that majority of respondents used herbal and vaginal insertion type of Aphrodisiac.

Table 3. Types of Aphrodisiac Used by Respondents

| Types | Frequency | % |
|---------------------------------------|------------|-------------|
| Herbal drink (Tsimi) | 110 | 36.3% |
| Vaginal insertion | 44 | 32.5% |
| Herbs taken with' chicken/fish/meat | 80 | 3.0% |
| Chewing stick / Orthodox | 16 | 12.5% |
| Honey, sugarcane, food | 10 | 4.5% |
| All of the above (at different times) | 4 | 11.3% |
| Total | 264 | 100% |

Table 4 shows that 74% of respondents perceived the good effect of aphrodisiac as increasing one's desire to have sex, while 3% perceived it as reducing one's usual inhibition about sex and 23.1% perceived it as improving

one's ability to have sex. This result observes that majority of respondents perceived the good effect of aphrodisiac as increasing one's desire to have sex.

Table 4. The Perceived Good Effects of Aphrodisiac on Women

| ITEMS | Frequency | % |
|---|------------|---------------|
| increasing one's desire to have sex | 195 | 74% |
| reducing one's usual inhibition about sex | 8 | 3% |
| improving one's ability to have sex | 61 | 23.1% |
| TOTAL | 264 | 100.0% |

Table 5 shows that 11.5% have been using aphrodisiac for 0-5years, 30.3% for 6-10years, 49.2% have been using it for the past 11-20yrs 6.1% for 21-30years, and 3% have used it for

over 30yrs. This shows that majority of the respondents have been using the drug for 11-20years

Table 5 Showing How Long Aphrodisiac Have Been Used.

| Period | 'Frequency | % |
|--------------|------------|---------------|
| 0-5yrs | 30 | 11.4% |
| 6-10yrs | 80 | 30.3% |
| 11-20yrs | 130 | 49.2% |
| 21-30yrs | 16 | 6.1% |
| >30yrs | 8 | 3.0% |
| TOTAL | 264 | 100.0% |

Table 6 shows that 100% of respondents achieved marital gains

Table 6 showing if there was any perceived gain achieved in its use.

| Gain | Frequency | Percentage |
|--------------|------------|-------------|
| Marital gain | 264 | 100% |
| Others | 0 | 0% |
| Total | 264 | 100% |

Table 7 shows that 38% of respondents perceive chronic vaginal itching as side effects of aphrodisiac drugs, while 30.3% perceive leukorrhea, 6.1% perceive Intermittent acute diarrhea and vomiting, 3.8% perceive occasional bruising/lacerations of vagina,

1.5% perceived severe bleeding, 16.7% perceive exhaustion, pain, dryness, and 3.8 % perceive husband become over possessive /over demanding. This study concludes that the respondents' perceived side effect of aphrodisiac drugs is chronic vaginal itching and Leukorrhea.

Table 7 Showing Perceived Side Effects of aphrodisiac drugs.

| | Effects | Frequency | Percentage |
|---|--|------------|-------------|
| 1 | Chronic itching (vaginal) | 100 | 38% |
| 2 | Leukorrhea | 80 | 30.3% |
| 3 | Intermittent acute diarrhoea and vomiting | 16 | 6.1% |
| 4 | Occasional bruising/lacerations of vagina | 10 | 3.8 % |
| 5 | Severe bleeding | 4 | 1.5% |
| 6 | Exhaustion, pain, dryness, | 44 | 16.7% |
| 7 | husband become over possessive /over demanding | 10 | 3.8 |
| | TOTAL | 264 | 100% |

DISCUSSION

This study identifies the perceived effects of aphrodisiac on women of Kaura Ward, in Zaria City of Kaduna State. Nigeria. The demographic characteristics reveals that majority of the respondents are between the ages of 31-40yrs. Also, it shows that majority of the women are Hausas and they have level of tertiary education. It can also be seen that majority are ranked the 1st wife. This corresponds with a similar study carried out by Suleiman (2009).

The study reveals that all the respondents have full knowledge about aphrodisiac. This result is similar to that of Chowdhury et al, (2018), who reported that almost all their

respondents (95%) knew about aphrodisiac. Our study is also in line with Abdullahi & Tukur (2013) where majority of the respondents (53.9%) claims to know about it and also used the sexual stimulants.

This study reveals that majority of respondents used herbal drink and vaginal insertion type of Aphrodisiac. The authors feels that this could be worrisome because the herbal and insertions cause more harm. This study corresponds with similar studies carried out by Bello (2002) and Suleiman (2009). This study also support Oniye et al, (2016) where majority of respondents use the oral forms (Agbo), and ointment as vaginal lubricants. Our study shows that all respondents achieved marital

gains from the use of aphrodisiac drugs. This study corresponds with the study carried out by Bello (2002) and Suleiman (2009). However Oniye et al (2016) revealed that only 20.2% of their respondents have marital gains and this does not correspond with our study.

This study reported that majority of the respondents perceived the good effect of aphrodisiac drugs as increasing one's desire to have sex. This study is supported by Oniye et al (2016) who observed that aphrodisiac drugs increases respondents desire to have sex. This study also support Pate et al (2011) who observed that aphrodisiac substances increases sexual desire and also can be used to treat sexual debility or improve sexual behaviour.

This study observed that majority of the respondents (80%) perceived the side effect of aphrodisiac drugs as chronic vaginal itching and Leukorrhoea. This study is similar to Abdullahi & Tukur (2013) who reported that 87.6% of respondents experienced same side effect in a study in Kano.

CONTRIBUTION OF THE STUDY

- The study will bring more light to all clinicians in regards to genito-urinary conditions in women.
- Doctors and nurses will be able to relate recurrent VI/STI and disease conditions of the vagina and cervix to aphrodisiac use, (if the woman avoids/or fails to give a tangible reason to the cause of her problem).
- Communication between clinicians and clients will include sexual dysfunctions and use of aphrodisiac as remedies.
- Clinicians will include treatment of sexual dysfunctions in reproductive health and family medicine clinics.

CONCLUSION

Sexual gratification of both partners is an integral part of marriage, and most couples believe that sexual intercourse is the means of showing love and maintaining a happy marriage relationship. In the struggle to achieve these, most women engage in the use of substances that will enhance their sexual arousal and satisfaction. The involvement of women has led to a "boom" in the sales and advertisement of aphrodisiac.

The findings of the study show that all women are aware of the existence of aphrodisiacs, which are mostly used for marital gains. The "Tsimi" (oral) and the vaginal insertions are the most common ones used by all married women. They stop only when they are no longer sexually active or are widowed.

RECOMMENDATIONS

1. Nurses should include the use of aphrodisiac as a topic during health talk in the hospital, highlighting on the adverse effects and use of alternatives.
2. Issues of loss of libido especially in women, should be given a special importance and duly treated.
3. Women should be more educated on the aphrodisiac effects of fruits, foods and vegetables i.e the psycho-physiologicals and the internals (during family life education)
4. Sex education in schools should include the selection and use of aphrodisiac.
5. The types, physiology and side effects of aphrodisiac should be included in the family planning modules.
6. Aphrodisiac dealers should be enlightened/ educated on hygienic methods of preparation and packaging of their products, (by ministry of health, NAFDAC and NGOS).

7. NAFDAC should regulate the production and importation of aphrodisiac agents/drugs.
8. Books, pamphlets, journals and write ups should be written (comprehensively and briefly as applicable) to be distributed to the whole population, in an order to create more awareness.
9. Mass media should be involved in the education, careful selection and use of aphrodisiac
10. Incessant advertisement of herbal remedies should be minimized/curbed.
11. National efforts in empowering women should continue.

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