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CONTRACEPTIVE SELF-EFFICACY AND SPIRITUALITY: THE SEXUAL SATISFACTION RELATIONSHIPS

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ABSTRACT: *The study examined contraceptive self-efficacy and spirituality as correlates of sexual satisfaction among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Anambra State. A total of 100 participants (40 males and 60 females) sampled through cluster and incidental techniques were used in the study. The participants had mean-age of 22.17. Data attaining interval measurement. Measuring instruments were contraceptive self-efficacy scale, spirituality questionnaire, and sexual satisfaction scale. Analyses were done with SPSS Version 25. The design was correlational design, statistics was Pearson Product Moment Correlation, and ethical measures were confidentiality plus informed consent. The following findings were made in the study. "Contraceptive self-efficacy" does have significant relationship with "sexual satisfaction" ($p<0.000<0.01$, $r = 0.686$, $N = 100$). "Spirituality" does have significant relationship with "sexual satisfaction" ($p<0.000<0.01$, $r = 0.509$, $N = 100$). "Contraceptive self-efficacy" does have significant relationship with "spirituality" ($p<0.000<0.01$, $r = 0.481$, $N = 100$). "Contraceptive self-efficacy" attitude was above average. "Spirituality" disposition was above average. Perceived "sexual satisfaction" was above average. Efforts should be made by the significant others to guard and guide youths/undergraduates against sexual escapade associated with experiment with contraceptives and seeking sexual ecstasy.*

KEYWORDS: Contraceptive, Self-Efficacy, Spirituality, Sexual Satisfaction

INTRODUCTION

Sexual satisfaction is inconsistent. It is often influenced by personal and social factors. The relationships between spirituality, contraceptive self-efficacy and sexual satisfaction are not well explored. The strength and direction of these relationships may vary by study population, cultural context, and measurement approach. An individual can enjoy pleasurable and healthy sexual experiences, beyond the mere absence of sexual and reproductive health issues (Ogallar-Blanco et al, 2024). Sexual satisfaction helps to maintain an active and satisfying sexual life.

Sexual satisfaction is intertwined with broader life satisfaction, influencing self-esteem, emotional well-being, and the quality of intimate relationships. High satisfaction correlates with increased happiness, positive self-perception, and enhanced relational bonds. Studies show that open communication, sexual assertiveness, and overall relationship satisfaction strongly predict higher levels of sexual fulfillment (Ramos, 2026).

Moreover, satisfying sexual experiences contribute to psychological health by reducing stress and fostering emotional resilience.

In contrast, dissatisfaction can lead to anxiety, tension in relationships, and even physical health challenges. Sexual satisfaction, therefore, not only enhances the quality of intimate relationships but also supports overall psychological and physical wellness. Additionally, a fulfilling sexual life can lead to reduced stress and improved psychological health, creating a positive feedback loop that enhances daily functioning. On a physical level, good sexual functioning is related to high sexual satisfaction.

On the other hand, sexual dissatisfaction can contribute to stress, anxiety, and relationship difficulties, highlighting its importance in promoting holistic well-being (Ramos, 2026). Contraceptive self-efficacy (CSE) is a key factor in sexual satisfacti on and contraceptive use. It refers to a person's b elief in their ability to obtain, discuss, and chang e family planning methods and habits. Studies h ave shown that higher levels of CSE are associat ed with better sexual function, satisfaction, and c ontinued contraceptive use (Assarzadeh, Khalesi, & Jafarzadeh-Kenarsari, 2019).

The relationship between spirituality an d sexual satisfaction is a complex interplay that

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can vary widely among individuals and cultures. While some view sexuality as a natural and sacred expression of intimacy, others may have more restrictive beliefs. Spiritual sex, as a concept, involves engaging in sexual activity with a heightened sense of awareness and intention, aiming to cultivate a deeper spiritual experience through the act of lovemaking. This practice can enhance sexual satisfaction by fostering a sense of reverence, vulnerability, and emotional connection, enriching the overall sexual experience and deepening the bond between partners (Spirituality Shepherd, 2026).

Purpose of Study

The objectives of the study are to:

1. Examine whether contraceptive self-efficacy will significantly correlate with sexual satisfaction.
2. If spirituality will significantly correlate with sexual satisfaction.
3. Whether contraceptive self-efficacy will significantly correlate with spirituality.

Research Questions

The following questions were answered from the study:

1. How would contraceptive self-efficacy correlate with sexual satisfaction?
2. In what way did spirituality correlate with sexual satisfaction?
3. What was the correlation between contraceptive self-efficacy and spirituality?

Hypotheses

1. Contraceptive self-efficacy will not significantly correlate with sexual satisfaction.
2. Spirituality will not significantly correlate with sexual satisfaction.
3. Contraceptive self-efficacy will not significantly correlate with spirituality.

Significance of Study

The study is relevant on the following grounds

1. **Balancing physical and emotional wellbeing:** Spirituality and sexual satisfaction foster meaning, presence, and emotional depth among partners. Choosing partners and experiences that align with your spiritual or moral framework can deepen both emotional and sexual fulfillment. Spiritual satisfaction often comes from the interplay of body, heart, and meaning, not just physical acts.
2. **Enhancing communication and interpersonal bonding:** Spiritual values and contraceptive self-efficacy can support open, respectful dialogue about sexual needs. Approaching intimacy with mindfulness and sacred intention can enhance satisfaction. Contraceptive self-efficacy serves as means of protecting sexual health. Viewing intimacy as sacred encourages care, respect, and emotional vulnerability, which research links to higher satisfaction. Sanctified sexuality can serve as an emotional resource during life challenges, reinforcing the bond between partners.

Operational Definition of Measured Variables

Contraceptive Self-Efficacy: This is the belief in one's ability to take responsibility for and effectively manage sexual and contraceptive situations so that pregnancy and sexual transmitted infections/diseases preventions are prioritized by Levinson (1986).

Spirituality: This involves seeking meaning, purpose, and connection with the sacred, the universe, or one's inner self expressed through personal growth, reflection, and practices that foster inner peace and awareness, measured with Spirituality Questionnaire by Hardt et al (2012).

Sexual Satisfaction: It entails emotional, physical, and psychological fulfillment derived from sexual activities, whether solo or with a partner, as measured with Sexual Satisfaction Scale by Aleksander et al. (2011).

METHOD

Participants: The participants' distributions are as given in the table 1 below.

Table 1: Participants' Distribution

Sample Category	Sample Cluster	N
GENDER	Male	40
	Female	60
	TOTAL	**100**
EDUCATION ATTAINMENT	Tertiary Education	100
YEAR OF STUDY	400 Level	36
	300 Level	28
	200 Level	22
	100 Level	13
	Spill-over	1
	TOTAL	**100**
STATE	Anambra	78
	Imo	14
	Enugu	7
	Abia	1
	TOTAL	**100**
RELIGION	Christianity	98
	Islam	1
	Traditional	1
	TOTAL	**100**
DENOMINATION	Catholic	75
	Anglican	13
	Pentecostal	8
	Sabbath	3
	Sunni	1
	TOTAL	**100**

Source: Questionnaire primary data

One hundred (100) university undergraduates of Chukwuemeka Odumegwu Ojukwu University Igbariam Anambra State were the participants for the study. The mean age of the participants was 22.17 years with the SD of 2.79. Cluster and incidental sampling techniques were used. The cluster sampling was done based on the participants' clusters and sampling distributions of table 1. The incidental sampling was based on the participants' availability and willingness to participant in the study. The sampling clusters were Gender (male = 40, female = 60); Educational Attainment (tertiary education = 100); State of Origin (Anambra = 78, Imo = 14, Enugu = 7, Abia = 1); Religion (Christianity = 98, Islam = 1, Traditional = 1), and Denomination (Catholic = 75, Anglican, 13, Pentecostal = 8, Sabbath = 3, Sunni = 1).

Instruments: Three instruments were used in the study namely Contraceptive Self-Efficacy Scale, Spirituality Questionnaire, and Sexual Satisfaction Scale. **Contraceptive Self-Efficacy Scale** is a 20-item scale which was developed by Levinson (1986) with a reliability score of 0.93. The reliability scores obtained from the pilot study on this instrument was 0.73 with the norm at (n=30) 71.0 and convergent validity of 0.89 with Sexual Health Scale. The respondents were asked to state the extent to which the questions relate with their lives and experience on contraceptive uses by marking (*) in the 5-point Likert type interval scale starting from, 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, and 5 = Strongly agree.

Spirituality Questionnaire (SQ) was developed by Hardt et al (2012). The Scale contains 20 items which are scored on a 5-point Likert response pattern ranging from (1) Not at all true, (2) Hardly true, (3) Don't know, (4) Rather true, and (5) Absolutely true. Items contained in this scale include statements such as: I trust in God. My faith helps me to cope with problems. The developer reported Cronbach alpha reliability of .87 and split half

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reliability of .71. The researcher obtained an internal consistency (Cronbach's alpha) reliability of 0.87 through a pilot study, and a convergent validity of 0.79 with religiosity scale.

Sexual satisfaction scale is a 20-item scale developed by Aleksander et al. (2011). It measures the degree of satisfaction with sexual relationship. It was used in the present study to measure the level of sexual satisfaction among undergraduates. Cronbach alpha reliability score of 0.88 was obtained. The reliability scores obtained for the instrument from the pilot study was 0.86 with the norm at (n=30) 94.5. the instrument had a divergent validity of 0.31 with domestic violence. The respondents were asked to answer the questions as it relates to their personal life and sexual experiences by marking (*) in the 5-point Likert type interval scale starting from 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, and 5 = Strongly agree.

Procedure: The researcher used the volunteered participants from the Chukwuemeka Odumegwu Ojukwu University, Anambra State, Nigeria at to conduct this study. Consents of the participants were sought and obtained. Thus, the researcher collected a written informed consent from the participants about their willingness and interest to participate in the study based on convenience and voluntariness. Questionnaire copies were administered to the participants by the researcher with some explanations on confounding words, phrase or sentence to participants who needed clarifications to avoid bias. At the end of the questionnaire administration, the return questionnaire copies were collated and used for data analyses.

Ethical considerations adopted were **informed consent.** The researcher sought the consent of the respondents before embarking on the research. This was to encourage free choice of involvement and assert to the participants that they were not under any obligation to join the research. **Openness** was also adopted. The researcher told the respondents the nature and essence of the study they were about to embark on. This was done to enable the respondents to be open and sincere in their responses. **Confidentiality** was another ethical consideration adopted, in which the researcher assured the respondents that the result of the test and questionnaire would remain confidential. This was to give the respondents a relaxed state of mind and avoid any thought of labeling that the respondent might have.

Design/Statistics: This study had correlational design because of the purpose of the study. The aim of the study was to find the relationships between contraceptive self-efficacy, spirituality, and sexual satisfaction. The statistics was Pearson Moment Correlation. The statistics examines the relationships between the variables of interest. Analyses of data collected and testing of the hypotheses were done using SPSS version 25.0. The data attained interval measurement.

RESULT

Table 2: Descriptive Statistics

	N	Minimum	Maximum	Mean	SD	Skewness	Std. Error	Kurtosis	Std. Error
GENDER	100	---	---	---	---	---	---	---	---
EDUCATION ATTAINMENT	100	---	---	---	---	---	---	---	---
YEAR OF STUDY	100	---	---	---	---	---	---	---	---
AGE	100	17.00	30.00	22.1700	2.79269	.810	.241	.105	.478
DEPARTMENT	100	---	---	---	---	---	---	---	---
STATE	100	---	---	---	---	---	---	---	---
RELIGION	100	---	---	---	---	---	---	---	---
DENOMINATION	100	---	---	---	---	---	---	---	---
CONTRACEPTIVE SELF-EFFICACY	100	20.00	108.00	67.6000	16.19577	.015	.241	-.284	.478
SPIRITUALITY	100	46.00	100.00	78.0300	13.40922	-.560	.241	-.498	.478
SEXUAL SATISFACTION	100	20.00	99.00	72.5500	16.17853	-.757	.241	.655	.478
Valid N (listwise)	100								

Source: Questionnaire primary data; CONTRA. = Contraceptive

Table 2 shows "contraceptive self-efficacy" (67.60 of 108), "spirituality" (78.03 of 100), and "sexual satisfaction" (72.55 of 99) were all above average. Skewness was low for all variables, showing backward one directional performance. Kurtosis was below 3-point benchmark, indicating similarity performance.

Table 3: Correlations for Contraceptives, Spirituality and Sexual Satisfaction

		1	2	3
1.	CONTRACEPTIVE SELF-EFFICACY	1		
2.	SPIRITUALITY	.481**	1	
3.	SEXUAL SATISFACTION	.686**	.509**	1

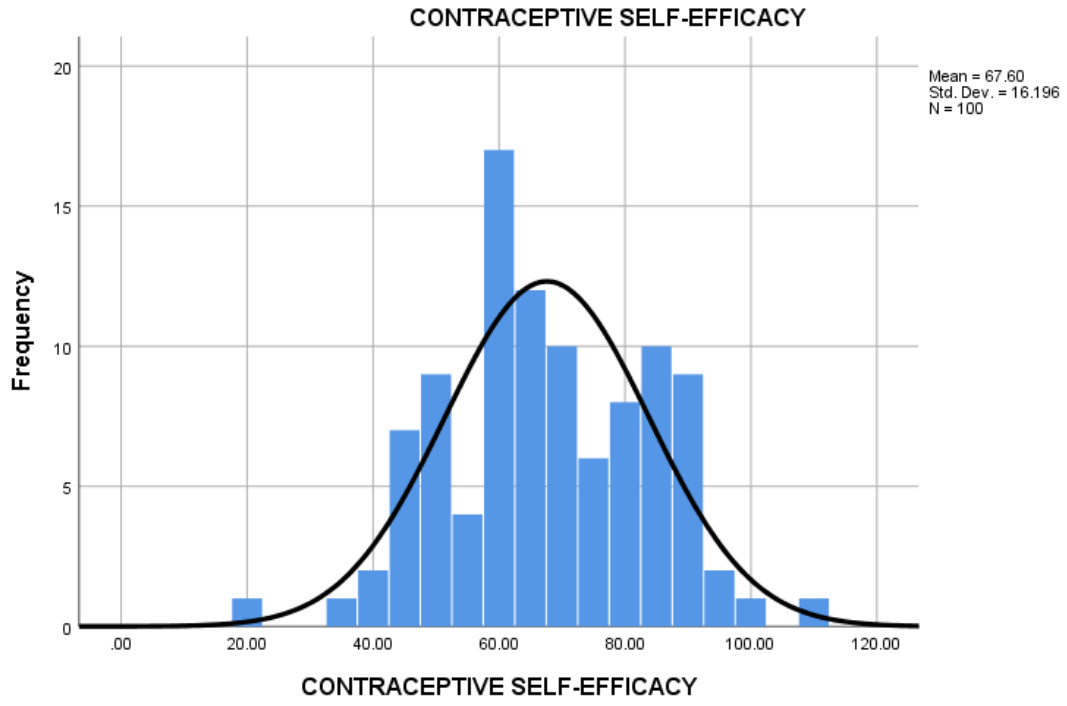
Source: Questionnaire primary data; **Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS ONE: Table 3 shows that the hypothesis one which states that "contraceptive self-efficacy will not significantly correlate with sexual satisfaction" was rejected ($p<0.000<0.01$, $r = 0.686$, $N = 100$). By this, "contraceptive self-efficacy" does have significant and above average positive relationship with "sexual satisfaction".

HYPOTHESIS TWO: The hypothesis two which states that "spirituality will not significantly correlate with sexual satisfaction" was rejected ($p<0.000<0.01$, $r = 0.509$, $N = 100$). By this, "spirituality" does have significant and average positive relationship with "sexual satisfaction".

HYPOTHESIS THREE: The hypothesis three which states that "contraceptive self-efficacy will not significantly correlate with spirituality" was rejected ($p<0.000<0.01$, $r = 0.481$, $N = 100$). By this, "contraceptive self-efficacy" does have significant but below average relationship with "spirituality".

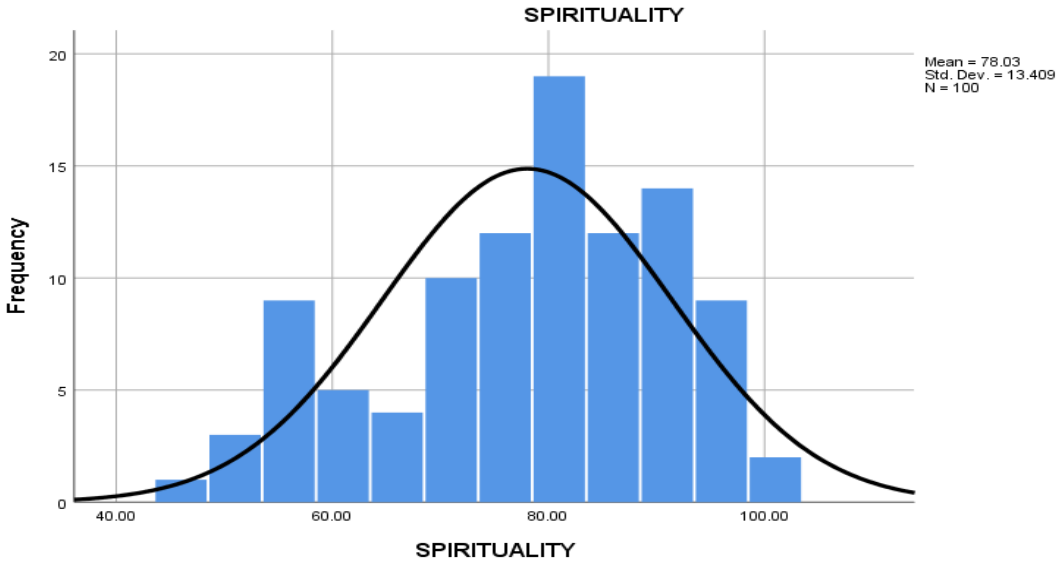
Figure 1: Contraceptive Self-Efficacy Histogram



Source: Questionnaire primary data

Figure 1 shows the normal curve slightly skewed to the right, with greater intensity being above the mean (67.60). Performance was mostly within the normal curve showing uniform attitude toward contraceptive.

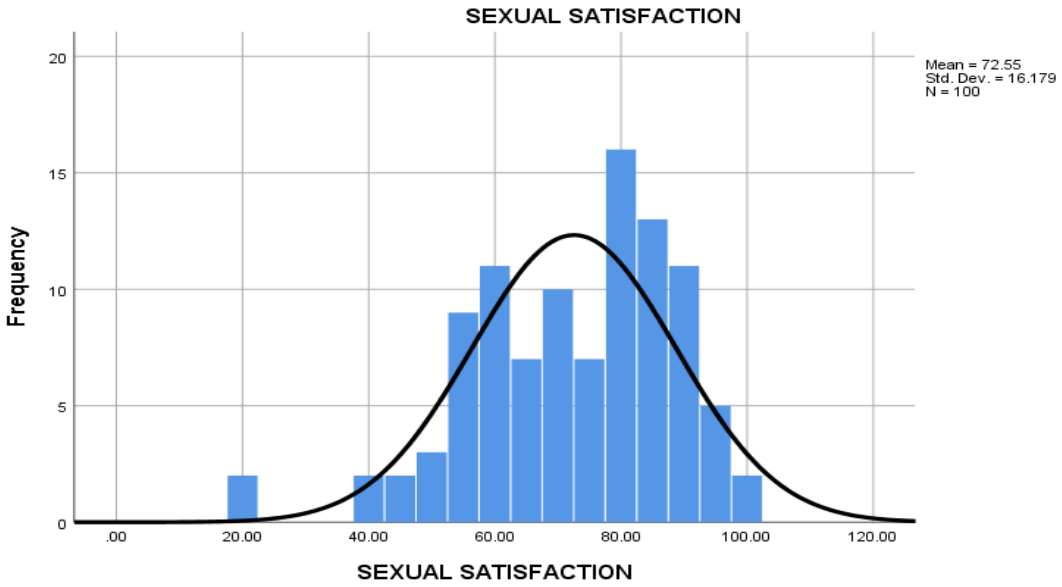
Figure 2: Spirituality Histogram



Source: Questionnaire primary data

Figure 2 shows the performance in the histogram is consistent above the average (78.03) and toward the right. This could indicate high sense of spirituality.

Figure 3: Sexual Satisfaction



Source: Questionnaire primary data

Figure 3 shows sexual satisfaction highly skewed to the right of the histogram, with greater intensity being within the normal curve. More outliers were above the mean (72.55).

Summary of Findings/Results

Hypotheses testing findings

1. "Contraceptive self-efficacy" does have significant and above average relationship with "sexual satisfaction".
2. "Spirituality" does have significant and average relationship with "sexual satisfaction".
3. "Contraceptive self-efficacy" does have significant but below average relationship with "spirituality".

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Descriptive finding

1. "Contraceptive self-efficacy" attitude was above average.
2. "Spirituality" disposition was above average.
3. Perceived "sexual satisfaction" was above average.

DISCUSSION

The study made very important findings. The findings show that "Contraceptive self-efficacy" does have significant and above average relationship with "sexual satisfaction". "Spirituality" does have significant and average relationship with "sexual satisfaction". "Contraceptive self-efficacy" does have significant but below average relationship with "spirituality". "Contraceptive self-efficacy" attitude was above average. "Spirituality" disposition was above average. Perceived "sexual satisfaction" was above average.

The findings are in consonance with the observations of Ramos (2026) that sexual satisfaction constitutes a central psychological and subjective component of sexual experience. It reflects a holistic state of well-being rather than merely the absence of dysfunction. Sexual satisfaction entails emotional, physical, and psychological fulfillment derived from sexual activities, whether solo or with a partner. This sense of satisfaction is assessed by the degree of pleasure, contentment, or lack of it, experienced in relation to one's sexual life. Unlike simplistic definitions, sexual satisfaction encompasses elements beyond orgasm, including communication, variety, emotional connection, and shared intimacy, reflecting a complex and multifaceted experience. Therefore, sexual satisfaction is truly a predictor of quality of life.

Dissatisfaction often manifests as challenges such as low desire, decreased frequency, or perceptions of monotony within intimate relationships. Also with s complaints regarding the level of desire and the frequency of sexual activity, particularly concerning the partner's interest and frequency. Furthermore, personality traits (like sexual assertiveness) and relationship factors often play a more critical role in determining satisfaction than physiological measures like orgasm consistency or desire levels (Ramos, 2026).

Implications of the Findings

One of the major implications of the findings is that people are adopting positive sexual health. Youth are self-efficacy in the use of contraceptives. This will likely reduce sexually transmitted infections/diseases.

Limitations of the Study

The study was conducted only among university undergraduates, with sample size of hundred. More robust study on the subject-matter may not be plausible with the sample size.

Recommendation

1. There I need to encourage harmony between contraceptive usage and spirituality. This will reduce any elements of guilt and shame existing in the use of contraceptives in enhancing sexual satisfaction.

Suggestions for Further Studies

1. Future study should increase the sample size to enhance generalization.
2. Cross-cultural studies are also recommended on the subject-matter.

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