

Coital Frequency in a Sample of Egyptian Women

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**Original
Article**

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ABSTRACT

Background: The study of coital frequency is important. Coital frequency may reflect how strong a marital status is, it can be used as an indicator of fertility and can be used as method of family planning. In unmarried persons it can be an indicator about the risk of having a sexually transmissible infection. Coital frequency varies in different cultures and socioeconomic standards. The current study was carried out to bridge the knowledge gap about coital frequency in a group of Egyptian married women. Factors affecting this frequency will be also looked for.

Patients and Methods: The Participants of this cross-sectional study were 306 married women attending the outpatient clinic of Benha University Hospital (for reasons other than sexual counselling). A self-report questionnaire designed by the investigators was used.

Results: The most common coital frequency was 2-3 times/week (64.05%). This frequency was suitable for 78.43% of participants. Husband's desire was the most important determinant of coital frequency (89.87%). The most common cause of low coital frequency was unavailability of husband (56.86%). Problems within the family (57.19%) or with the husband (82.03%) negatively affect coital frequency. Coital frequency declines with aging and long duration of marriage.

Conclusion: The most common coital frequency was 2-3 times / week followed by once/ month. Advance in age and long duration of marriage were associated with a low coital frequency. Other factors affecting coital frequency were husband's unavailability , husband's ill health, husband's sexual desire, presence or absence of problems with husband or within the family.

Key Words: Benha, coitus, frequency, women. .

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INTRODUCTION

The fundamental importance of sex is rooted in the need for procreation and species propagation^[1]. In humans, sexual expression is also important as a source of physical pleasure and emotional intimacy. Healthy sexual expression has been linked to happiness, health, and overall quality of life in both men and women^[2].

In women, Costa and Brody^[3] found that frequency of penile-vaginal intercourse correlated positively with satisfaction, intimacy, trust, passion, love and global relationship quality.

It has been experimentally demonstrated that for both sexes, the post-orgasmic rise in the hormone prolactin, an objective physiological index of sexual satiety, is 400%

greater following penile-vaginal orgasm than following masturbatory orgasm. The post-orgasmic prolactin increase also appears to play an important role in homeostatic maintenance of the optimal balance of brain (at least dopamine) neurotransmission, which has implications for psychological, and perhaps psychophysiological health^[4].

In addition to emotional or psychological health, many studies have linked intercourse frequency to physical health. Increased sexual frequency has been associated with a protective effect against cardiovascular disease as assessed by carotid intimal thickness, fatal myocardial infarctions, and heart rate variability^[5-7].

Feelings of sexual satisfaction motivate a couple to engage in future sexual intercourse. Hence, coital frequency may be an indicator of the quality of sexual

function, although it cannot be considered an independent marker of sexual satisfaction^[8].

In a Chinese study, the risk of ED was inversely related to the frequency of intercourse and the study supported a dose-response relationship between cumulative frequencies of intercourse and ED occurrence after adjusting for major ED risk factors^[9].

Limiting coital frequency to certain days of the month (the safe period) is used as a method of contraception worldwide, with most methods requiring 12 to 14 days or more of abstinence to avoid pregnancy^[10]. Dissatisfaction with length of abstinence often leads to discontinuation, user error (ie, intercourse on estimated days of fertility), and unintended pregnancy^[11].

Coital frequency varies greatly by country. Demographic and Health Survey reports from around the developing world show a range of 2.6–8.9 monthly acts of intercourse, with a mean of 5.5 for all sexually active married women^[12].

The current study was carried out to identify patterns of coital frequency and factors affecting it in a group of married Egyptian women

PATIENTS AND METHODS

Ethical approval for this study was provided by the Ethics committee for Faculty of Medicine, Benha University, Benha, Egypt on 21st December, 2015.

The present study included 306 women attending Dermatology and Andrology outpatient clinic and the family planning clinic in Benha University Hospitals.

After discussing the nature and purpose of the study, an informed consent was obtained from each participant.

Inclusion Criteria

1. Female gender.
2. More than 18 years of age .

Exclusion criteria

1. Women with disorders affecting their sexual activity (e.g. neuropsychiatric disorders or severe joint disorders).
2. Inability or disapproval of the participant to fill the questionnaire.

Method

The tool used in the study is a self-report questionnaire designed by the researchers and translated into Arabic.

To ensure that all gathered information will be kept confidential and the subject will be anonymous, each questionnaire was handed in an open envelop and after filling it, the Participant will seal the envelope and put it in a basket containing other sealed envelopes.

A copy of the questionnaire is given in Appendix I.

Data analysis

All data were collected, tabulated and statistically analyzed using STATA/SE version 11.2 for Windows (STATA Corporation, College Station, Texas). Continuous data were expressed as the mean \pm SD, and categorical data were expressed as a number and percentage. Comparisons between the different study groups were carried out using the Chi-square test (χ^2) and Fisher Exact Test (FET) to compare proportions as appropriate. The Student t-test (t) and the Mann-Whitney test (z) were used to compare two groups of normally distributed data and non-normal data respectively. One-way Analysis Of Variance (ANOVA; F) and Kruskal Wallis test (χ^2) were used to compare more than two groups as appropriate. After the calculation of each of the test statistics, the corresponding distribution tables were consulted to get the "p" (probability value). Statistical significance was accepted at p value <0.05 (S). A p value <0.001 was considered highly significant (HS) while a p value >0.05 was considered non-significant.

RESULTS

Demography

Age group 18 -29 years was the most common age group (42.48%). Most of our participants had a university degree (56.86%) and lived in urban areas (55.56%). The most common duration of marriage was <5 years (33.66%). Most women (80.72%) were genitally cut (Table 1).

Coital frequency

The most common coital frequency was 23-/week (64.05%). This frequency was suitable for 78.43% of participants. Husband's desire was the most important determinant of coital frequency (89.87%). The most common cause of low coital frequency was unavailability of husband (56.86%). Problems within the family (57.19%) or with the husband (82.03%) negatively affect coital frequency (Table 2).

Other aspects of sexual activity

Most participants could easily get lubrication during sex (47.39%) and dyspareunia was very rare in 43.46% of participants. A majority of participants (75.82%) stated that the purpose of having intercourse was having pleasure for both spouses. It is uncommon for wives to

initiate intercourse as 45.42% of our sample never did it. Unprovoked desire occurred more than once per month in 34.64% of women (Table 3).

Orgasm was obtained in more than 50% of sexual encounters in 51.96% of women. The most common cause of inability to have orgasm was loss of interest in sex (35.62%). Over 60% of women needed manual vaginal simulation to reach orgasm (Table 3).

Relationship between coital frequency and other variables

A statistically significant decline in coital frequency with increase in age and increase in duration of marriage

was observed. Also, a higher coital frequency was observed in women with a university degree compared to women with lower educational levels and in urban living women compared to women living in rural areas. Problems within the family or with husband were observed to lower coital frequency (Table 4).

Effect of age on some variable

As mentioned above, advance in age is associated with decline of coital frequency. (Table 5) shows that ability to reach orgasm and ability to obtain lubrication decline significantly with aging.

Table 1: Demographic data

	No.	%
Age :		
18-29	130	42.48
30 - 39	108	35.29
> 40 and premenopausal	38	12.42
> 40 and Postmenopausal	30	9.80
Educational level :	24	7.84
Can only read & write	108	35.29
Finished 2ndry school	174	56.86
Has a university degree		
Residence:		
Rural	136	44.44
Urban	170	55.56
Duration of marriage	103	33.66
< 5 years	90	29.41
5 - 10 years	42	13.73
10 - 15 years	71	23.20
> 15 years		
Female genital cutting		80.72
Yes	247	19.28
No	59	

COITAL FREQUENCY**Table 2:** Coital frequency

	No.	%
Coital frequency:	5	1.63
More than once/ day	25	8.17
Daily	196	64.05
2 - 3 times / week	56	18.30
Once / Month	24	7.84
< once /Month		
Suitability of frequency:	240	78.43
Suitable	36	11.76
Not suitable, I want more	30	9.80
Not suitable, I want less		
Frequency is due to :*	65	21.24
Your desire	275	89.87
Your husband's desire		
Low coital frequency is due to :*	55	17.97
Husband is ill	174	56.86
Husband is away	79	25.82
Overcrowding in one room		
Do problems within the family negatively affect coital frequency?	175	57.19
Yes	131	42.81
No		
Can problems with your husband negatively affect coital frequency?	251	82.03
Yes	55	17.97
No		

*More than one response was allowed

Table 3. Sexual activity.

	No.	%
Ability to have lubrication:		
>half times		
< half times		
very rare		
Frequency of dyspareunia:		
> half times		
< half times		
very rare		
Purpose of having intercourse?		
My Pleasure		
My husband's pleasure		
Both		

Frequency of initiating coitus ?	30	9.80
>50% of times	137	44.77
< 50% of times	139	45.42
Never		
Frequency of occurrence unprovoked sexual desire :		
Daily	4	1.31
More than once / week	104	33.99
More than once / month	106	34.64
Less than once / moth	92	30.07
Frequency of orgasm:		
Nearly 100% of times	19	6.21
> 50% of times	159	51.96
< 50% of times	128	41.83
Never	0	0.00
Cause of Not reaching orgasm : *		
Pain during coitus	63	20.59
Feeling tired	100	32.68
Not interested	109	35.62
Husband ejaculates too quickly	39	12.74
Husband did not give enough time during love play	60	19.61
What do you do if you did not reach orgasm?		
Fake it	75	24.51
Tell husband	67	21.90
Do nothing	164	53.59
How do you reach orgasm?		
Penile thrusting	124	40.52
Manual stimulation	199	65.03
Do you consider intercourse without orgasm a failure?		
Yes	128	41.83
No	178	58.17
Overall satisfaction with sexual life ?		48.04
Satisfactory by about > 50%	147	29.08
Satisfactory by about < 50%	89	22.88
Unsatisfactory.	70	

*More than one response was allowed

COITAL FREQUENCY

Table 4: Coital frequency and its relation to other variables.

Variable	Coital frequency								Test	P
	Daily or more than once/day (No.=30)		2-3 times/week (No.=196)		Once/month (No.=56)		<once/month (No.=24)			
	No.	%	No.	%	No.	%	No.	%		
Age :	20	66.67	93	47.45	12	21.43	5	20.83		
18-29	7	23.3	82	41.84	13	23.21	6	25.0		<0.001 (HS)
30 - 39	1	3.33	15	7.65	19	33.93	3	12.5	FET	
> 40 and premenopausal	2	6.67	6	3.06	12	21.43	10	41.67		
> 40 and Postmenopausal										
Educational level :	3	10.0	13	6.63	3	5.36	5	20.83		
Can only read & write	13	43.33	65	33.16	22	39.29	8	33.33	FET	0.23
Finished 2ndry school	14	46.67	118	60.20	31	55.36	11	45.83		
Has a university degree										
Residence:	12	40.0	89	45.41	21	37.5	14	58.33		
Rural	18	60.0	107	54.59	35	62.5	10	41.67	$\chi^2= 3.2$	0.35
Urban										
Residence:	12	40.0	89	45.41	21	37.5	14	58.33		
Rural	18	60.0	107	54.59	35	62.5	10	41.67	$\chi^2= 3.2$	0.35
Urban										
Duration of marriage	17	56.67	76	38.78	6	10.71	4	16.67		
< 5 years	6	20.0	69	35.2	9	16.07	6	25.0		<0.001 (HS)
5 - 10 years	3	10.0	27	13.78	11	19.64	1	4.17	FET	
10 - 15 years	4	13.33	24	12.24	30	53.57	13	54.17		
> 15 years										
Do problems within the family lower coital frequency ?	15	50.0	11	56.63	31	55.36	18	75.0		
Yes	15	50.0	85	43.37	25	44.64	6	25.0	$\chi^2= 3.84$	0.28
No										
Can problems with your husband lower coital frequency?	20	66.67	166	84.69	44	78.57	21	87.5		
Yes	10	33.33	30	15.31	12	21.43	3	12.5	FET	0.10
No										
Frequency of orgasm	4	13.33	14	7.14	1	1.79	0	0.0		
Nearly 100% of times	16	53.33	113	57.65	20	35.71	10	41.67	FET	0.002 (S)
> 50% of times	10	33.33	69	35.2	35	62.5	14	58.33		
< 50% of times										
Does orgasm intensity vary?	23	76.67	165	84.18	42	75.0	17	70.83		
Yes	7	23.33	31	15.82	14	25.0	7	29.17	FET	0.18
No										
Frequency of dyspareunia:	5	16.67	36	18.37	10	17.86	7	29.17		
> half times	15	50.0	73	37.24	20	35.71	7	19.17	FET	0.68
< half times	10	33.33	87	44.39	26	46.43	10	41.67		
Very rare										

DISCUSSION

The commonest coital frequency among our participants was 2- 3 times/week. This frequency was also the commonest in 2 other Egyptian studies^[13,14] and in Brazil in women in their thirties^[15]. Mackay^[16] cited the Durex survey of frequency of sexual intercourse of sexually active 1645- year-olds that found that the average French respondent had sex 141 times a year, the American 138 times a year, the British 112, with the lowest in Hong Kong at 57.

Although our reported frequencies are satisfactory for the majority of women investigated, more than one fifth of women were not satisfied by the frequency of intercourse they have. A less than once per month frequency was reported by 7.84% of participants. In the West, a coital frequency less than 10 times per year has been commonly named by psychotherapists as "sexless marriage". According to this definition, approximately 20% of married Americans are estimated to be sexless and an additional 15 % have a low sex marriage^[17]. Clinic-based observations from sexual therapists in Japan have noted that the prevalence of sexless couples is increasing rapidly, with anecdotal reports from the local media attributing this societal phenomenon to high levels of occupational stress and to the reserved and traditional cultural milieu^[18]. In Hong Kong, the prevalence of sexless marriage in women of ages 25–34 years, 35–44 years and 45–59 years was 8.3, 12.4, and 31.6%, respectively, among married women. Older age and poor spousal relationship were associated with sexlessness for females^[18].

Sexless marriage in our study is most likely associated with absence of husband from home as many men leave their homes to find jobs in far cities or even other countries. This is a serious social problem as extramarital sexual relation, particularly by women, is not tolerated by any means. Kim *et al.*^[18], concluded that contrary to commonly held beliefs, there was a stronger association between sexlessness and poorer psychosocial symptoms among married females than males.

In the current study the most noticed factors affecting coital frequency, in a descending order, were: husband's libido (89.87%), problems with husband (82.03%) or within the family (57.19%), unavailability of husband at home (56.86%), his health status (17.97%), inability to have enough privacy due to overcrowding in the house (25.82%).

Husband's ill health seems an important factor in determining intercourse rate. The effect of diseases like diabetes^[19], stroke^[20] or low back pain^[21] on sexual functioning is well documented. Lack of enough privacy at home is an obvious factor to negatively

affect coital frequency. In India, a study^[22] concluded that coital frequency in smaller families is higher than that of joint or extended families. The study explains this phenomenon in terms of "lack of privacy in the house and adherence to traditional taboos that prevent intercourse in particular days, due to presence of in-laws and other relatives".

Although body mass index (BMI) was not looked for in our work, the results of da Silva Lara *et al.*^[15] interestingly, found that women who reported having coitus more than three times per week had the highest BMI (32.72 ± 7.42 kg/m²) and these women had a significantly higher BMI than those who had coitus two to three times per week (28.45 ± 6.76 kg/m²) and those who had coitus once a week or less (26.81 ± 5.39 kg/m²). This finding confirms the results of a previous Egyptian study^[23] that found that 33.3% of obese women have a coital frequency of 2- 3 times per week compared to only 5% of non-obese women.

In their study, da Silva Lara *et al.*^[15] results showed that there were no associations of coital frequency with number of children, arterial hypertension, contraception, relationship duration, or smoking. However, there were negative associations of coital frequency with diabetes ($p = .02$) and thyroid disease ($p < .01$).

Most women in our study were genitally cut (80.72%), a majority of them will never initiate coitus (45.42%), and most of them (89.87%) would engage in sex because of husband's desire. This indicates that they consider that sexual intercourse is a duty rather than a pleasure for themselves. Fahmy^[24] conducted a study about female genital mutilation/cutting and issues of sexuality in Egypt. The study was done in two rural communities in Upper Egypt and a large slum area in Cairo. Qualitative data were collected from 102 women and 99 men through focus group discussions and interviews. Though the women frequently mentioned that they "felt cold during sexual relations", "had no satisfaction out of sex" or "had pain during sex", they did not indicate that this distressed them. Rather, they said they bore with this as a marital duty and fulfillment of religious obligations. In this context, cross-cultural differences are obvious. In the study of Meston and Buss^[25] in the United States, "I wanted to feel closer to God" was the number 10 answer in the list of the most "infrequent" causes of having sex.

Several studies [26- 28] have suggested that women's willingness to engage in sexual acts often stems from considerations that are not strictly sexual, but are more closely related to the rewards associated with an emotional connection with their partner or the need to avoid negative sexual outcome. This may explain why nearly one quarter of our sample faked

orgasm. This figure is lower than the incidence reported by other workers, for example Muehlenhard and Shippee^[29], who found that 50% of female psychology students from the University of Kansas reported pretending orgasm. Frequently reported reasons were that orgasm was unlikely, they wanted sex to end, and they wanted to avoid negative consequences (e.g. hurting their partner's feelings) and to obtain positive consequences (e.g. pleasing their partner).

A decline in coital frequency was observed with advance in age. The frequency of 2- 3/week declined from 47.45% in the group aged 18- 29 years to 3.06% in postmenopausal women aged 40 years or more. This decline was also noticed in a British^[30] and an American study^[31]. The latter study reported that women attributed this decline to partner's physical health problems or limitations, a lack of interest in sex, physical health problems or limitations, and partner not interested in sex.

Most women in the current study felt that penile-vaginal intercourse gives them less chance to reach orgasm than manual vaginal stimulation by husband (40.52% Vs 65.03%) This is contrary to the results of an American study by Powers^[32] that concluded that penile-vaginal intercourse resulted in higher orgasm frequencies than did hand stimulation by partner, finger penetration by partner, and anal sex. This can be explained by the fact that over 80% of women in our study were genitally cut (clitoris removed). Due to loss of clitoris these women are in need for vaginal manual stimulation to achieve orgasm. In an Egyptian study by Younis *et al.*^[33], when women were asked about the usual method for reaching orgasm, manual stimulation was chosen by 50.4% of genitally cut women while penile thrusting was chosen by 57.6% of non-genitally cut women. This may be of a clinical significance. Clinicians in areas where female genital cutting is prevalent should stress on the importance of manual vaginal stimulation to help women reach orgasm.

CONCLUSION

A coital frequency of 2- 3 times / week was the most common frequency, followed by once/ month, followed by a daily frequency. Most women were satisfied by their current frequency. Unavailability of husband was the most common cause of low frequency reported by the women. Other factors include husband's ill health, husband's libido, presence or absence of problems with husband and availability of privacy at home. Advance in age and long duration of marriage was accompanied by low coital frequency.

CONFLICT OF INTEREST

There are no conflicts of interest.

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- APPENDIX**
-
- 1- Demographic data
- 1- Age :
- a) < 20
 - b) 20 - 29
 - c) 30 - 39
 - d) > 40 and premenopausal
 - e) > 40 and Post menopausal
-

2- Educational level :

- a) Can only read & write
- b) Finished 2ndry school
- c) Have a university degree

3- Residence:

- a) Rural
- b) Urban

4- Duration of marriage

- a) < 5 years
- b) 5 - 10 years
- c) 10 - 15 years
- d) > 15 years

5- Are you circumcised ?

- a) Yes
- b) No

6- What is your purpose of having intercourse ?

- a) My Pleasure
- b) My husband pleasure
- c) Both

7- What are your information sources about sex ?

- a) Friends
- b) Family members
- c) Internet
- d) Specialists

8- How many times do you feel unprovoked sexual desire :

- a) Daily
- b) More than once / week

9- Coital frequency is approximately ?

- a) More than once/ day
- b) Daily
- c) 2 - 3 times / week
- d) Once / Month
- e) < once /Month

10- Is this frequency suitable for you ?

- a) Yes
- b) No, I want more
- c) No I want less

11- Is this frequency due to ?

- a) Your desire
- b) Your husband's desire

12- In case of low desire or low frequency, Is this because your husband is:

- a) Ill
- b) Away
- c) Over-crowding in one room

13- If frequency is less than once / Month, Do you masturbate yourself to relieve your sexual tension ?

- a) Yes
- b) No

14- If you have a problem in your family, does this problem affect the frequency ?

- a) Yes
- b) No

15-If you have a problem with your husband, does it affect coital frequency?

- a) Yes
- b) No

16- How frequent do you initiate coitus ?

- a) > 50% of times .
- b) < 50% of times
- c) Never

17- How do you feel about your sexual life ?

- a) Satisfactory by about > 50%
- b) Satisfactory by about < 50%
- c) Unsatisfactory.

18- How frequent do you reach orgasm ?

- a) Nearly 100% of times
- b) > 50% of times
- c) < 50% of times
- d) Never

19- If you did not reach orgasm, the cause is usually ?

- a) Pain during coitus .
- b) Feeling tired .
- c) Not interested
- d) Husband ejaculates too quickly
- e) Husband did not give enough time during love play .

20-What do you do if you did not reach orgasm ?

- a) Fake it
- b) Tell husband
- c) Do Nothing

21- Usually do you reach orgasm by ?

- a) Penile thrusting
- b) Manual stimulation

22- Does orgasm intensity vary from one intercourse to another ?

- a) Yes

b) No

23-Do you consider that intercourse without orgasm is a failure ?

- a) Yes
- b) No

24- During sex, does your lubrication occur in :

- a) > half times
- b) < half times
- c) Very rare

25- During sex, evaluate the pain ? occurs in ?

- a) > half times
- b) < half times
- c) Very rare