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Effect Of Food On Female Sexuality

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Abstract

Objective Evaluate the influence of diet on the sexuality of women. Patients and procedures This is a crosssectional cohort study of observations. The methodology utilised was a questionnaire on self-reporting. The amount of surveys that may be used was 300, Married ladies who have frequent sex and consume all kinds of cuisine. Outcomes The overall findings of this research suggest that diet plays an important role for healthy women in overall sexual function. Concluding There is a link between diet and sexual performance markers, which include lubrication, easy orgasm and sexual intercourse frequency. Food has a favourable or negative impact on sexual activity for both sexes at any age. It is not seen as a remedy for sexual dysfunctions, but may be a conveniently available cofactor in sexual activity augmentation.

Keywords: Food, Female, Sexuality.

1. Introduction

Sexuality is a fundamental component of human life. It has an essential role in maintaining and increasing the quality of life and well-being of many people [5].

There has been attention to the relationship between sex and food, including the awareness of the numerous parallels between sex and food. For example, sex and eating are both consummatory activity that has rhythm; both are motivated by news and both have major learning and prediction in both behaviours [8].

Chocolate was claimed to improve women's sexual desire over those who don't use chocolate [21].

In addition, men's sexual activity was enhanced by mineral supplements, eggs and green leaves [20].

The advantages of sexual desire from several food categories such seeds and nuts, spices (e.g., cinnamon, ginger and cayenne pepper) were shown [2].

An aphrodisiac is described as any meal or medicine that inspires sexual instinct, causes strong desire and enhances enjoyment and performance. The name comes from the Greek goddess of love ë Aphroditaeí and these matter are derived from plants, animals or minerals and have always been man's desire [40].

Aphrodisiacs may be categorised into three kinds by their manner of action: Those who improve libido, power or sexual pleasure [30].

Another reason why many see seafood as another source of aphrodisiacs is the tale of Aphrodite, who was born from the sea [31].

2. Patient and methods

2.1. Inclusion criteria

Married women who have a regular sexual relation and eating different types of foods.

2.2. Exclusion criteria

Women who are vegetarians, Divorced, Widowed, Severely ill, Pregnant, Lactating, Illiterate.

2.3Parameters of patients' evaluation included the following

- Demographic data: age, body mass index [weight (kg) / height (cm)], education level, residency, work.
- The questionnaire assessed female sexual functions including intercourse frequency, sexual desire, arousal (lubrication), orgasm and sexual satisfaction.
- The questionnaire was explained to the subjects, who were instructed on how to fill it out, with the examiner remaining accessible if they needed clarification. Privacy and confidentiality were assured.

2.4. Analytical statistics

In the statistical comparison between the different groups, the significance of difference was tested using one of the following tests.

Inter-group comparison of categorical data was performed by using chi square test (x^2) and fisher exact test (FET).

AP value <0.05 was considered statistically significant (*) while >0.05 statistically insignificant P value <0.01 was considered highly significant (**) in all analyses.

3. Results

Demographic data of participants

Table 1 shows that the most common age group in our study was 30-39 years 189 (63.0%) followed by age group 20-29 years 87 (29.0%).

Among the participants 261 (87.0%) were living in rural area.

Most of the participants weighed 80+126 (42.0%). Regarding height, most of them were 160 to 169 cm 167 (55.7%). Regarding educational level, 295 (98.3%) of the studied group were university graduates and the rest of them either finished their secondary school 4 (1.3%), or can only read and write 1 (0.3%).

Most of the participants were employed 222 (74.0%) the rest either were housewives 43 (14.3%) or have their own business 35 (11.7%).

Sexual activity

Table 2 shows the commonest coital frequency was 2-3 times per week which was suitable for 137 (45.7%) of the studied women.

Spontaneous desire was reported by 129 (43.0%) of women to occur 2-3 times per week.

Out of 300 women, 123 (41.0%) felt vaginal lubrication in almost all sexual encounters followed by 82 (27.3%) who have lubrication in more than 50% of intercourse times.

Regarding study group, 97 (32.3%) reach orgasm more than half the times of sexual encounters.

In this study, 197 (65.7%) women masturbated before and 9 (29.9%) of them still masturbate, while 138 (70.1%) of them stopped masturbation.

FGM/C was reported by 151 (50.3%) of the studied group.

Regarding sexual satisfaction, 142 (47.3%) reported being moderately satisfied, 115 (38.3%) very satisfied.

Table 1 shows that there was a highly statistically significant correlation (p<0.0001) between age of woman and spontaneous desire.

Table 2 shows that 137 (45.7%) of women whose weight 80+ had a coital frequency of 2-3 times per week and 46 (36.5%) of those women had spontaneous desire to have sexual intercourse 2-3 times per week, regarding orgasm 38 (30.2%) reached orgasm every time of sexual encounters. No significant correlation was found between weight and female sexual functions.

Variable	20 (n)-29 -87)	30-39 (n-189)		40-49 (n -23)		5 (n	0+ -1)	Statistical	P voluo
v al lable	n	-07) %	n n	%	n	-23) %	n	-1) %	test (FET)	1 value
Intercourse Frequency										
Daily	12	13.8	10	5.3	2	8.7	0	0.0		
2-3 times per week	38	43.7	89	47.1	10	43.5	0	0.0	16.0	0.1.4
1 time per week	23	26.4	59	31.2	6	26.1	0	0.0	16.9	0.14
1-2 times per month	12	13.8	21	11.1	3	13.0	0	0.0		
Less than that	2	2.3	10	5.3	2	8.7	1	100		
spontaneous desire to										
have sexual intercourse	11	12.0	20	10.0	0	0.0	0	0.0		
Daily	11	12.0	20	10.6	0	0.0	0	0.0		
2-3 times per week	22	63.2	68	36.0	6	26.1	0	0.0	35.35	<0001**
1 time per week	12	13.8	60	31.7	11 ~	4/.8	0	0.0		
1-2 times per month	8	9.2	35	18.5	5	21.7	1	100		
Less than that	I	1.1	6	3.2	1	4.3	0	0.0		
Lubrication										
Almost all times of sexual	34	39.1	80	42.3	9	39.1	0	0.0		
encounters	24	27.6	49	25.9	9	39.1	0	0.0		
More than half the times of	9	10.3	24	12.7	2	8.7	0	0.0		
sexual encounters	12	13.8	23	12.2	2	8.7	1	100		0.0 <i>5</i>
About half the times of	8	9.2	13	6.9	1	4.3	0	0.0	8.52	0.85
sexual encounters										
Less than half the times of										
sexual encounters										
Rarely or almost never										
Reaching Orgasm										
Every time of sexual	23	26.4	69	36.5	5	21.7	0	0.0		
encounters	25	28.7	52	27.5	9	39.1	1	100		
More than half the times of	13	14.9	22	11.6	3	13.0	0	0.0		
sexual encounters	11	12.6	27	14.3	1	4.3	0	0.0		
About half the times of	15	17.2	19	10.1	5	21.7	0	0.0	13.25	0.33
sexual encounters	-		-		-					
Less than half the times of										
sexual encounters										
Rarely or almost never										

A p value <0.05 was considered statistically significant (*) while >0.05 statistically insignificant p value <0.01 was considered highly significant (**)

Table (1) Associations between age and female sexual functions.

Table (2) Associations between weight and female sexual functions.

	40	-49	50	-59	60	-69	70	-79	8	0+	Statistical test	Р
Variable	n (n	=2)	(n= n	=18) %	(n : n	=64) %	(n= n	=90) %	(n=	(126) %	(FET)	value
Intercourse	ш	70	ш	/0	п	/0	11	/0	11	70		
Frequency												
Daily												
2-3 times per												
week	0	0.0	4	22.2	5	7.8	8	8.9	24	8.0	19.49	0.244
1 time per week	1	50.0	5	27.8	33	51.6	38	42.2	137	45.7		
1-2 times per	1	50.0	7	38.9	21	32.8	27	30.0	88	29.3		
month	0	0.0	2	11.1	4	6.3	9	10.0	36	12.0		
Less than that	0	0.0	0	0.0	1	1.6	8	8.9	15	5.0		
spontaneous												
desire to have												
sexual												
intercourse												
											22.92	0.00
2-3 times per	1	50.0	2	167	7	10.0	6	67	14	11 1	23.82	0.09
1 time per week	1	50.0	3	10.7	25	10.9 54 7	0 20	0.7	14	11.1		
1 unité per week	1	50.0	9	16.7	55 12	J4./ 19.9	29	45.5	40	30.5		
month	1	0.0	1	5.6	0	10.0	10	23.0	20	15.0		
I ess than that	0	0.0	2	11.1	1	14.1	3	33	20	15.9		
Lubrication	0	0.0	2	11.1	1	1.0	5	5.5	4	1.0		
Almost all times	1	50.0	5	27.8	25	39.1	37	41.1	55	43.7		
of sexual	0	0.0	7	38.9	19	29.7	25	27.8	31	24.6		
encounters	0	0.0	2	11.1	7	10.9	10	11.1	16	12.7		
More than half	1	50.0	2	11.1	9	14.1	9	10.0	17	13.5		
the times of	0	0.0	2	11.1	4	6.3	9	10.0	7	5.6		
sexual encounters												
About half the											8.32	0.94
times of sexual												
encounters												
Less than half the												
times of sexual												
encounters												
Rarely or almost												
never												
Reaching	0	0.0	0	50.0	26	10 C	24	267	20	20.0		
Orgasm Europa	1	0.0	9	50.0	20	40.6	24	26.7	38	30.2		
Every time of	1	50.0	1	5.0 5.6	15	23.4	54 10	57.8 11.1	30 19	28.0 14.2		
More then helf	1	50.0	3	167	2	14.1	10	11.1	10	14.5		
the times of	0	0.0	З Л	10.7	6	97	12	13.3	17	13.5		
sexual encounters	0	0.0	7	22.2	0	7.4	12	15.5	17	15.5		
About half the											17.82	0.34
times of sexual												
encounters												
Less than half the												
times of sexual												
encounters												
Rarely or almost												
never												

A p value <0.05 was considered statistically significant (*) while >0.05 statistically insignificant p value <0.01 was considered highly significant (**).

Table 3 shows that in the study group, 199 (66.3%) think that food affects their sexual behavior.

Seafood was the most common type of food that affects sexual behavior 174 (58.0%) followed by chocolate 129 (42.0%).

Among participants, 255 (85.0%) consider that the positive effects of food were increasing their libido 33 (11.0%), increasing their orgasm, 12 (4.0%) prolonging time of lubrication.

Among participants 97 (32.3%) said that oils decrease their sexual functions followed by herbs 66 (22.0%).

Table 4 shows that food had a direct positive correlation with female sexual functions, the relation between herbs and oils with female sexual functions was considered highly significant (p<0.01) while the relation between white meat and drinks with female sexual functions was considered statistically significant.

Table 5 shows that food had a direct negative correlation with female sexual functions. The relation

between white meat, nuts, fruits and chocolate with female sexual functions was considered highly significant (p<0.01).

Table 6 shows that in the study group, 259 (86.3%) think that food affects their husband's sexual activity.

Seafood was the most type of food that affects husband's sexual activity 234 (78.0%) followed by nuts 76 (25.3%).

Among participants, 208 (69.3%) estimate the positive effects of food on their husbands by increasing husband's libido 52 (17.3%), increasing the frequency of intercourse, 40 (13.3%) increasing the duration of intercourse.

Table 7 shows that food had a direct positive correlation with husband's sexual functions, the relation between herbs and husband's sexual functions was considered statistically significant (p>0.05).

Table 8 shows that no significant correlation was found between the negative effects of food with husband's sexual functions.

Table (3) Relation of types of food to female sexual functions.

Variable	(n=.	300)
variable	n	%
Do you think food affects your sexual behavior?		
Yes	199	66.3
No	101	33.7
Types of food improving sexual functions		
Vegetables	35	11.7
Herbs	13	4.3
Red meat	33	11.0
White meat	13	4.3
Seafood	174	58.0
Nuts	88	29.3
Fruits	47	15.7
Oils	6	2.0
Drinks	21	7.0
Chocolate	126	42.0
Other foods	37	12.3
How can you describe the positive effect of food on your		
sexual activity?	255	85 0
Increases your libido	255	85.0
Increases your orgasm	33	11.0
Prolong the time of lubrication	12	4.0
Types of food decreasing sexual functions		
Vegetables	17	5.7
Herbs	66	22.0
Red meat	64	21.3
White meat	43	14.3
Seafood	17	5.7
Nuts	7	2.3
Fruits	6	2.0
Oils	97	32.3
Drinks	22	7.3
Chocolate	25	8.3
Other foods	47	15.7

Variable	lib (n=	libido (n=255)		gasm =33)	Lubr (n	rication =12)	FET	P value
	n	%	n	%	n	%		
Vegetables	27	10.6	5	15.2	3	25.0	2.75	0.25
Herbs	8	3.1	1	3.0	4	33.3	25.36	< 0.001**
Red meat	26	10.2	5	15.2	2	16.7	1.14	0.57
White meat	8	3.1	3	9.1	2	16.7	7.09	0.029*
Seafood	151	59.2	15	45.5	8	66.7	$X^2 = 2.66$	0.27
Nuts	72	28.2	13	39.4	3	25.0	$X^2 = 1.87$	0.39
Fruits	36	14.1	7	21.2	4	33.3	$X^2 = 4.07$	0.13
Oils	4	1.6	0	0.0	2	16.7	14.09	0.001**
Drinks	14	5.5	4	12.1	3	25.0	8.2	0.017*
Chocolate	103	40.4	18	54.5	5	41.7	$X^2 = 2.4$	0.30
Other foods	33	12.9	2	6.1	2	16.7	1.50	0.47

Table (4) Foods that positively affect female sexual functions.

A p value <0.05 was considered statistically significant (*) while >0.05 statistically insignificant p value <0.01 was considered highly significant (**).

 Table (5) Foods that negatively affect female sexual functions.

Variable	lib (n=	libido (n=255)		gasm =33)	Lubr (n :	ication =12)	FET	P value
	n	%	n	%	n	%		
Vegetables	15	5.9	0	0.0	2	16.7	4.72	0.094
Herbs	52	20.4	12	36.4	2	16.7	$X^2 = 4.55$	0.103
Red meat	54	21.2	5	15.2	5	41.7	$X^2 = 3.71$	0.156
White meat	34	13.3	3	9.1	6	50.0	13.38	0.001**
Seafood	13	5.1	2	6.1	2	16.7	2.88	0.237
Nuts	5	2.0	0	0.0	2	16.7	11.76	0.003**
Fruits	4	1.6	0	0.0	2	16.7	14.09	0.001**
Oils	81	31.8	12	36.4	4	33.3	$X^2 = 0.29$	0.87
Drinks	18	7.1	2	6.1	2	16.7	1.65	0.44
Chocolate	17	6.7	4	12.1	4	33.3	11.37	0.003**
Other foods	42	16.5	3	9.1	2	16.7	$X^2 = 1.21$	0.55

A p value <0.05 was considered statistically significant (*) while >0.05 statistically insignificant p value <0.01 was considered highly significant (**).

Table (6) Food relation with husband sexual activity.

X 7 + 11	(n=30	00)
Variable	n	%
Husband sexual activity affection with food		
Yes	259	86.3
No	41	13.7
If yes which type of food		
Vegetables	29	9.7
Herbs	15	5.0
Red meat	62	20.7
White meat	16	5.3
Seafood	234	78.0
Nuts	76	25.3
Fruits	40	13.3
Oils	4	1.3
Drinks	30	10.0
Chocolate	28	9.3
Other foods	25	8.3
How do you observe that food affects your husband?		
Increases the desire of your husband	208	69.3
Increases the frequency of intercourse	52	17.3
Increases the duration of intercourse	40	13.3

	Desire (n=208)		Freq	uency	Dur	ation		
Variable			(n =	=52)	(n :	=40)	X2 test	P value
	n	%	n	%	n	%		
Vegetables	19	9.1	8	15.4	8	20.0	4.69	0.096
Herbs	5	2.4	4	7.7	4	10.0	FET= 6.38	0.041*
Red meat	19	9.1	10	19.2	4	10.0	4.38	0.11
White meat	6	2.9	3	5.8	4	10.0	FET= 4.41	0.11
Seafood	117	56.3	33	63.5	24	60.0	0.96	0.62
Nuts	54	26.0	19	36.5	15	37.5	3.73	0.16
Fruits	31	14.9	9	17.3	7	17.5	0.30	0.86
Oils	3	1.4	1	1.9	2	5.0	FET= 2.17	0.34
Drinks	13	6.3	3	5.8	5	12.5	FET= 2.16	0.34
Chocolate	81	38.9	23	44.2	22	55.0	3.68	0.16
Other foods	26	12.5	5	9.6	6	15.0	0.62	0.73

Table (7) Foods that positively affect husband's sexual functions.

A P value <0.05 was considered statistically significant (*) while >0.05 statistically insignificant p value <0.01 was considered highly significant (**).

Table (8) Foods that negatively affect husband`s sexual functions.

Variable	De (n=	Desire (n=208)		Frequency (n=52)		ation =40)	X ² test	P value
	n	%	n	%	n	%		
Vegetables	11	5.3	1	1.9	5	12.5	FET=4.91	0.09
Herbs	45	21.6	10	19.2	11	27.5	0.95	0.62
Red meat	41	19.7	11	21.2	12	30.0	2.12	0.35
White meat	26	12.5	11	21.2	6	15.0	2.55	0.28
Seafood	12	5.8	2	3.8	3	7.5	FET= 0.58	0.75
Nuts	3	1.4	1	1.9	3	7.5	FET= 5.45	0.066
Fruits	4	1.9	0	0.0	2	5.0	FET= 2.9	0.23
Oils	62	29.8	19	36.5	16	40.0	2.1	0.35
Drinks	15	7.2	3	5.8	4	10.0	FET= 0.61	0.74
Chocolate	13	6.3	7	13.5	5	12.5	FET= 3.88	0.14
Other foods	33	15.9	8	15.4	6	15.0	0.023	0.99

A p value <0.05 was considered statistically significant (*) while >0.05 statistically insignificant p value <0.01 was considered highly significant (**).

4. Discussion

Healthy diets were linked to a decreased incidence of erectile dysfunction in men and women in women. Dietary modifications have been shown to accompany testosterone alterations that might explain the relationship between a healthier diet and greater sexual function [3].

The present research was conducted to assess the effects of diet on several dimensions of female sexuality.

The research was conducted with 300 individuals. The majority of the participants were 30-39 years old (63.0%), which suggests most of them were in the age of sexual activity.

With relation to the coital frequency, the most frequent frequency was 2-3 times a week (45,7 per cent) for most participants. These findings are consistent with [15], [1], [4] and [42].

In the present research, 41% experienced vaginal lubrication throughout all sexual intercourse. This was close to [4] and [43] which found a lubrication issue in

18.9 percent of their individuals. This disparity in outcomes may be because of cultural variations with gender flaws in our culture, inappropriate views of sex, faulty prevention or unstable marital connections.

The fact that 98.3% of our students received a university degree gives legitimacy to the achievements achieved. However, education favourably impacts sexual behaviour, which may restrict the widespread use of our data.

Only 32.3 percent of people could virtually attain orgasm in every relationship. There were varying instances for the other ladies to attain orgasm. This is in accordance with [16] and [13].

According to sexual satisfaction, 47.3% were fairly content, 38.3% were extremely happy and 14.3% were unhappy. These findings are close to [28] results, where 66.1% of women reported being very or somewhat content with their sex life, while 18.6% reported being very or extremely unhappy. It agrees with it too. [42] who discovered that 19.9% of women's samples are sexually unhappy. This research found a

decrease in sexual pleasure, lubrication and orgasm with age and maintenance. Physiologically, lubrication is retarded and diminished owing to a decrease in age estrogens. Decreasing advanced vaginal vasocongestion and lubrication may help to dry the vagina coupled with vaginal atrophic alterations that might lead to uncomfortable intercourse. [16] a study comprising 13882 women and 13618 men between the ages of 40 and 80 in 29 nations, spanning numerous locations throughout the globe. They observed a reduction in the satisfaction of women with their increased age sexual behaviour.

The age of women has a strong statistically significant relationship on coital frequency, frequency appropriateness and spontaneous desire. This is both because of the physical (hypoestrogenic status causing reduced libido) as well as because of the psychological effects of marital strife. [27] who discovered no substantial link between the overall sexual function and age score.

The current research found that the relationship between weight and female sexual functioning is not significant. This is consistent with [14] who have shown no statistically significant difference between women with differing BMI and FSFI findings in general and contradict with an earlier research [11] that revealed those with lower or medium body weights to have better levels of sexual satisfaction. This may imply that those with a lower or average body mass index feel more attractive and have higher levels of sexual pleasure. [39] observed that a reduction in body fat corresponds to changes in physical body image perception that might reflect changes in sentiments towards sexuality and the sexual partner's desire. [9] a favourable association between a person's body image and sexual pleasure has also been discovered. This disparity in outcomes might be caused by cultural variations with gender education deficiencies in our culture. The relationship between women's sexual function and fat remains unclear.

66.3% believe in our survey that diet influences their sexual behaviour. [10] Agreed that the benefits of the Mediterranean diet on each individual sex field are tiny but are sufficiently strong to provide a meaningful clinical result, such as satisfaction.

Our investigation also agrees. [22] Who observed that good sexuality relies heavily on a good diet, such as vitamin-rich food intake (e.g., fresh spices, herbs, fruits, and vegetables). The subjects were suggested for use with healthy foods, such as eggs and red meat. The efficacy of egg vitamins and meat has been shown to improve sexual desire.

58% of participants in our survey reported that fish is the most prevalent kind of food affecting sexual behaviour These findings coincide with [7] that the consumption of seafood and the sexual frequency have discovered a favourable connection, reinforcing widespread ideas of the aphrodisiac characteristics of seafood. They also observed that couples who eat more seafood together spend more time sharing meals and hence (including evenings) that might explain the link with sexual activity.

In our survey 42.0 percent believe that the effect of chocolate on their sexual behaviour is [29] a research which reveals women with 1 chocolate cube a day had greater FSFI values for sexual desire as well as for sexual function as women who have not reported consuming chocolate.

On veggies, 11.7 percent claimed veggies enhance sexual function and this is consistent with [33] that mushrooms stimulate libido and desire in both sexes.

The association between beverages and female sexual functions was statistically significant in our research and this is acceptable (31 say tea is believed to be an excellent aphrodisiac. He also observed that kebob (barbequed meat) is believed by the Middle East to be a potent aphrodisiac. This may be suggested because the extremely high protein content boosts the vitality of the organism in its whole and so enhances the energy to act sexually [31].

In the current research, a very strong connection has been observed between herbs and sexual functions such as maca [38] and [24] who concluded that maca helps to enhance women's libido and agrees that ginseng herbs boost sexual excitement and pleasure and have aphrodisiac effects.

In our survey, 85% think that the favourable benefits of eating increase their libido, and this is true [12].

Furthermore, 86.3 percent of women believe that food impacts the sexual activity of their husbands and agree [35] that males with the greatest adherence to the Mediterranean diet had the lowest overall ED prevalence and agreed [20] that the male sexual conduct was better with usage of mineral supplements, eggs and green leaves.

Seafood was the main kind in the current research which impacts the sexual activity of a spouse (78,0 percent) and [26] discovered that seafood is an excellent aphrodisiac.

The relationship between herbs and sexual functions of a man has been discovered statistically significant in our research and this is consistent with [36] those who have shown that saffron improves sexual functions [31] who find that ginseng is a helpful supplement.

In this study 9.7% of women say that vegetables increase the sexual function of their wives and 13.3% say that fruits increase their husband's sexual functions and [5] agree that there is a clear relationship in the dose response between the fruit and vegetable series and the risks of ED.

Focused entirely on fruit, with no vegetable mention. The results imply that a fruit-rich diet might have a favourable influence on erectile function [37].

In this research 10% estimated beverages have a favourable effect on the sexual functions of their husbands, and this is true for [18] those who discovered that consumption of caffeine reduced the ED rates,

particularly when ingested in coffee at a frequency of 2 to 3 cups a day.

The action of flavonoids, particularly especially flavone, rich in nuts, improved erectile function [23]. This is consistent with our data, which demonstrate that 25.3% of participating women think that nudes impair the sexual functioning of their husbands.

In a research of 440 participants, including 186 individuals with ED, it was observed that a lowered risk of ED (as evaluated by the International Erectile Function Index) was connected with the use of nuts more than twice a week and vegetable more than once a day [25].

69,3% of females in our research assess the good impacts of food on their spouses by improving the libido of their husbands and they agree [32].

5. Conclusion

The present research has shown that there is a link between diet and sexual performance markers to get and maintain lubrication, orgasm, and frequency of sex.

Food has a favourable or negative impact on sexual activity for both sexes at any age. It is not seen as a remedy for sexual dysfunctions, but may be a conveniently available cofactor in sexual activity augmentation.

5.Refrences

- [1] S.Abd El-Rahman, I.Younis, M.El-Awady. Female sexuality: in three Egyptian cities. Human Androl.vol. 4,pp. 5-10,2014.
- [2] D. Adcock. Jungle king secrets. Ann Arbor, MI: Loving Healing Press.vol.1,pp.4-11,2008.
- [3] M.Allen, E.Walter. health-related lifestyle factors and sexual dysfunction: a metaanalysis of population-based research. J Sex Med.vol. 15(4),pp. 458-475,2018.
- [4] E.Bąk, C.Marcisz, S.Krzemińska, D.Dobrzyn-Matusiak, A.Foltyn , A.Drosdzol-Cop Relationships of sexual dysfunction with depression and acceptance of illness in women and men with type 2 diabetes mellitus. Int J Environ Res Public Health.vol. 14(9),pp.1073,2017.
- [5] S.Bridges, S.Lease, C.Ellison. Predicting Sexual Satisfaction in Women: Implications for Counselor Education and Training. JCD.vol. 82(2), pp.158-166,2004.
- [6] SE.Drewes, J.George, F.Khan. Recent findings on natural products with erectile-dysfunction activity. Phytochemistry.vol. 62,pp.1019-1025,2003.
- [7] A.Gaskins, R.Sundaram, G.Buck Louis, J.Chavarro. seafood intake, sexual activity, and time to pregnancy. J Clin Endocrinol Metab.vol.103(7),pp. 2680-2688,2018.
- [8] J.Georgiadis, M.Kringelbach. The human sexual response cycle: Brain imaging evidence linking sex to other pleasures. Prog. Neurobiol.vol. 98(1), pp.49-81,2012.

- [9] J.Gerber, J.Johnson, J.Bunn, S.O'Brien. A longitudinal study of the effects of free testosterone and other psychosocial variables on sexual function during the natural traverse of menopause. Fertil Steril.vol.83,pp. 643-648,2005.
- [10] F.Giugliano, MI.Maiorino, C.Di Palo. Adherence to Mediterranean diet and sexual function in women with type 2 diabetes. J Sex Med.vol. 7,pp.1883–90,2010.
- [11] E.Haavio-Mannila, S.Purhonen. Slimness and self-related sexual attractiveness: comparisons among men and women of two cultures. J Sex Res.vol. 38(2),pp. 102-111, 2001.
- [12] M.Hassali, F. Saleem, A.Shafie, H.Al-Qazaz, M.Farooqui, H.Aljadhey. Assessment of general public perceptions toward traditional medicines used for aphrodisiac purpose in state of Penang, Malaysia. Complement Ther Clin Pract.vol. 18(4),pp. 257-260,2012.
- [13] Z.Ibrahim, M.Ahmed, W.Sayed. Prevalence and risk factors for female sexual dysfunction among Egyptian women. Arch Gynecol Obstet.vol.287(6),pp.1173-80,2013.
- [14] G.Jarząbek-Bielecka, M.Wilczak, A.Potasińska-Sobkowska, M.Pisarska-Krawczyk, M.Mizgier, K.Andrzejak, W.Kędzia, S.Sajdak. Overweight, obesity and female sexuality in perimenopause: a preliminary report. Menopausal Review.vol.2,pp.97-104,2015.
- [15] C.Johannes, N.Avis. Gender differences in sexual activity among mid-aged adults in Massachusetts. Maturitas. vol. 26,pp.175– 84,1997.
- [16] E.Laumann, J.Gagnon, R.Michael, S.Michaels. The social organization of sexuality: Sexual practices in the United States. Chicago:University of Chicago Press,1994.
- [17] EO.Laumann, A.Nicolosi, DB.Glasser, A.Paik, C.Gingell, E.Moreira, T.Wang. Sexual problems among women and men aged 40–80 y: prevalence and correlates identified in the Global Study of Sexual Attitudes and Behaviors. Int J Impot Res.vol.17,pp.39– 57,2005.
- [18] DS.Lopez, R.Wang, KK.Tsilidis. Role of caffeine intake on erectile dysfunction in US men: results from NHANES 2001e2004. PLoS One.vol.10,pp.e0123547,2014.
- [19] D.Mahto, B.Singh, M.Ahmad. Effect of feeding concentrate mixture and nutritional supplement in bucks with reduced libido and poor semen quality. Indian J Anim Sci.vol.25(1/2),pp.76–7,2009.
- [20] D.Mahto, B.Singh, M.Ahmad. Effect of feeding concentrate mixture and nutritional supplement in bucks with reduced libido and

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poor semen quality. Indian J Anim Sci.vol.25(1/2),pp.76–7,2009.

- [21] J.Melnyk, M.Marcone. Aphrodisiacs from plant and animal sources—a review of current scientific literature. Food Res Int.vol. 44,pp.840,2011.
- [22] T.Molkara, F.Akhlaghi, M.Ramezani, R.Salari, V.Vakili, M.Kamalinejad. Effects of a food product (based on Daucus carota) and education based on traditional Persian medicine on female sexual dysfunction: a randomized clinical trial. Electron Physician.vol. 10(4),pp. 6577-6587,2018.
- [23] I.Mykoniatis, M.Grammatikopoulou, E.Bouras, E.Karampasi, A.Tsionga, A.Kogias Sexual dysfunction among young men: overview of dietary components associated with erectile dysfunction. J Sex Med.vol. 15(2),pp. 176-182,2018.
- [24] K.Oh, M.Chae, H.Lee, H.Hong, K.Park. Effects of korean red ginseng on sexual arousal in menopausal women: placebocontrolled, double-blind crossover clinical study. J Sex Med.vol. 7(4),pp. 1469-1477,2010.
- [25] R.Ramírez, J.Pedro-Botet, M.García. Erectile dysfunction and cardiovascular risk factors in a Mediterranean diet cohort. Intern Med J.vol.46,pp.52–56,2016.
- [26] J.Rautenstrauch. Sexual dysfunctions in the man and woman. "Oysters before making love". MMW Fortschr Med .vol.1,pp.141:6– 8,1999.
- [27] C.Sacomori, FLV. Felizola, AP.Kruguer, FF.Sperandio, FL.Cardoso. Physical activity level and sexual function of women. Int J Med Scienc Phys Act Sport.vol.13 (52),pp.703-717,2013.
- [28] A.Salazar-Molina, TP. Klijn, JB. Delgado. Sexual satisfaction in couples in the male and female climacteric stage. J Rep Pub Heathl.vol. 31 (2)pp., 311-320,2015..
- [29] A.Salonia, F.Fabbri, G.Zanni, M.Scavini, G.Fantini, A.Briganti. Chocolate and women's sexual health: an intriguing correlation. J Sex Med.vol. 3(3),pp. 476-482, 2006.
- [30] P.Sandroni. Aphrodisiacs past and present: A historical review. Clin Auton Res.vol.11(5),pp.303-307,2001.
- [31] R. Shamloul. Natural aphrodisiacs. J Sex Med.vol.7(1 Pt 1),pp.39–49,2010.
- [32] M.Sharma, D.Arya, K.Bhagour, R.Gupta. Natural aphrodisiac and fertility enhancement measures in males: A review. CMRP.vol. 7(2),pp. 51-58,2017.
- [33] T.Silva, M.Jesus, C.Cagigal, C.Silva. Food with influence in the sexual and reproductive health. Curr Pharm Biotechnol.vol. 20(2),pp. 114-122,2019.

- [34] J.Simon. Towards an understanding and a treatment approach: 23 problems of sexual function of menopausal women. J Menop Med.vol. 20 (4),pp.24 134-56 ,2012.
- [35] K.Sposito, D.Giugliano. Lifestyle/Dietary recommendations for erectile dysfunction and female sexual dysfunction. Urol Clin North Am.vol. 38(3), pp.293-301,2011.
- [36] K. Sumalatha, S A.Kumar, S M. Lakshmi. Review on natural aphrodisiac potentials to treat sexual dysfunction. Int J Pharm Ther.vol. 1(1),pp. 6-14,2010.
- [37] F.Wang, S.Dai, M.Wang. Erectile dysfunction and fruit/vegetable consumption among diabetic Canadian men. Urology .vol.82,pp.1330-133,2013.
- [38] E. West, M.Krychman. Natural aphrodisiacs-a review of selected sexual enhancers. Sex Med Rev.vol.3(4),pp.279–88,2015.
- [39] J.White, D.Case, D.McWhirter, A.Mattison. Enhanced sexual behavior in exercising men. Arch Sex Behav.vol. 19,pp. 193-209,1990.
- [40] MT.Yakubu, MA.Akanji, AT.Oladiji. Aphrodisiac potentials of the aqueous extract of Fadogia agrestis (Schweinf. Ex Hiern) stem in male albino rats. Asian J Androl .vol.7,pp.399–404,2005.
- [41] I. Younis, A. Daifulla, R. Salem, S. Abdel Raouf. coital frequency in a sample of Egyptian women. Hum Androl.vol.7(2),pp.73–83,2017,
- [42] I.Younis, D.El-Habbaq, M.Al-Awady, A.Mostafa. Sexual satisfaction in women and its predictors. Hum Androl.vol. 9(1),pp. 14-20,2019.
- [43] C.Zhang, J.Tong, L.Zhu, L.Zhang, T.Xu, J.Lang and Y.Xie. A population-based epidemiologic study of female sexual dysfunction risk in mainland china: prevalence and predictors. J Sex Med.vol. 14(11),pp.1348-56,2017.