

Some Common Problems of Married Women

I.Y.Abd-Allah, S.Ezzat and S.M.Hegab

Dermatology & Andrology, Dept., Faculty of Medicine, Benha Univ., Benha, Egypt

E-Mail: sarahany10@gmail.com

Abstract

Background: Intimate interaction between a man and a woman is fueled by sex. For the majority of individuals, having a healthy and fulfilling sexual life requires having a pleasant and fulfilling sexual experience. Among a sample of Egyptian women, the study's goal was to examine some of the most frequent sexual issues experienced by spouses. Patients and procedures: 50 married mid-aged women participated in this research over the course of four months after study initiation. The questionnaires were given to the subjects in open envelopes, and when they filled them out, the subjects sealed the envelopes and placed them in a basket with other sealed envelopes to guarantee the confidentiality of the information collected and the anonymity of the subject. In the study, women's most common complaints were that their husbands ejaculate too quickly (14%), are always silent during sex (13.2%), only have a short time of foreplay (10.8%), don't know how to get orgasm (10%), force their wives to do oral sex (2.8%), use foul language during sex (2.8%), and other reasons (37.6). In terms of age, there was no statistically significant difference between those who feigned orgasm and those who didn't. In terms of FGC, there was no statistically significant difference between those who faked orgasm and those who didn't. To summarise, there were many significant issues that women seemed to be experiencing as a result of trying to maintain their husband's dignity. Sexuality-related sensitive problems will always be a challenge to deal with. Nevertheless, it is both possible and necessary to continue gathering data in this field.

Keywords: Married Women, Satisfying sexual experience, faking orgasm.

1. Introduction

A person or couple that has a sexual issue is unable to feel satisfied with their sexual activities because of a difficulty that occurs at any point in the sexual response cycle. The absence of uniform methods in FSD incidence research makes them difficult to interpret. Because of the wide range of normal sexual function and the cultural significance attached to it, it is difficult to classify and identify FSDs. Difficult to Spot Defects [1, 2].

In a recent research conducted in Egypt, almost 61% of participants were found to have FSDs [3].

It was shown that foreplay and intercourse should go at least twice as long as they do in real life. While males overestimated their partners' desire for foreplay and intercourse length, women did not. Furthermore, both sexes displayed erroneous preconceptions about men's ideal scripts, but not about women's. Foreplay and intercourse were deemed by males to be of a shorter length than the ideal as stated by the men in the research. Foreplay and intercourse length preferences of both men and women were shown to be more closely linked to the men's and women's own sexual stereotypes than to their partners' self-reported sexual preferences [4].

The study's goal was to look at some of the most prevalent sex issues among Egyptian spouses.

2. Patients and methods

The research's participants were 50 female outpatients from Benha University Hospital who attended the clinic throughout the four months after the commencement of the trial.

The questionnaires were given to the subjects in open envelopes, and when they filled them out, the subjects sealed the envelopes and placed them in a basket with other sealed envelopes to guarantee the

confidentiality of the information collected and the anonymity of the subject.

Women of all ages who are married and have an active sexual life are eligible for membership. Included on the exclusion list are unmarried women and women with pathological or psychological sexual difficulties, illnesses that prohibit sexual contact, and women whose partners are either missing or have sexual dysfunctions.

2.1. Research Methods

A statistical package for social science (SPSS) programme was used to code, input, and analyse the data (version 24).

Tables and diagrams were used to display and understand the data.

As descriptive statistics, we relied on the mean, standard deviation, range, frequency, and percentage to tell our story.

3. Results

The highest percent of participants 49.6% were found in age group 31 – 39 years. The majority of females had FGC 53.2% . 44.8% of participants had coital frequency 2-3 times weekly.

This frequency was suitable for 62% of them. 48.4% of participants are able to reach orgasm in >50% of sexual encounters. 36.4% of participants were responsible for not reaching orgasm. 62% of women are enjoying sex with husband. 49.6% of participants were receiving oral sex from their husband. 62.8% were enjoying it.

Our results show that 50.4% of participants are giving oral sex to their husband. 44.4% love giving it. 40.8% of husbands don't use dirty talks during sex. that 93.2% of studied women had not anal sex. 21.6% feel that anal sex is disgusting.

89.6% of participants are feeling disgusted from the idea of feeling attracted to another woman. The most serious complaints of women were that their husbands ejaculate very rapidly (14%), husband is always silent during sex (13.2%), short time of foreplay (10.8%), husband doesn't know how to make wife reach orgasm (10%), husband forces wife to do oral sex (2.8%), husband always says dirty words during sex (2.8%) and other reasons (37.6%)

62.4% reported that the penile size of husband was suitable. 61.6% of participants said that their husband is very polite and does not comment on any of these matters. 42.8% of participants rarely fake orgasm. 58.0% of participants fake orgasm to keep their husband's pride

There was not a statistically significant relation between faking orgasm and non-faking orgasm

regarding demographic data of participants. there was not a statistically significant relation between faking orgasm and non-faking orgasm regarding coital activity of participants. However there was a significant relation between faking orgasm and non-faking orgasm regarding frequency of reaching orgasm. Table (1)

There was not a statistically significant relation between faking orgasm and non-faking orgasm regarding husband using dirty talks during sex. Table (2)

There was not a statistically significant relation between oral sex and non-oral sex regarding demographic data of participants (Table 3)

There was not a statistically significant relation between oral sex and non-oral sex regarding coital activity of participants. (Table 4)

Table (1) Correlation between faking orgasm and coital activity of participants.

Variable	Faking orgasm		Non faking orgasm		test	P value
	n	%	n	%		
Coital frequency:						
Daily	16	8.0%	3	6.0%	.576	.966
2-3 times weekly	91	45.5%	21	42.0%		
Once weekly	61	30.5%	17	34.0%		
Once monthly	14	7.0%	4	8.0%		
Less than once monthly	18	9.0%	5	10.0%		
Suitable for you:	123	61.5%	31	62.0%	.252	.969
Yes	56	28.0%	14	28.0%		
I want more I want less	20	10.0%	5	10.0%		
Frequency of reaching orgasm:					23.657	.000
Almost every time of sexual encounter	24	12.0%	20	40.0%		
In< 50% of sexual encounters	30	15.0%	2	4.0%		
In>50% of sexual encounters	100	50.0%	21	42.0%		
Rarely or Almost never	46	23.0%	7	14.0%		
If you don't reach orgasm, who is responsible for that:					3.535	.316
You	36	18.0%	5	10.0%		
Your husband Other factors	68 72	34.0% 36.0%	16 19	32.0% 38.0%		
Enjoying sex with husband:					5.074	.079
Yes	118	59.0%	37	74.0%		
No	13	6.5%	4	8.0%		
Sometimes	69	34.5%	9	18.0%		
In case you don't enjoy sex with husband, do you blame him for that:					4.556	.207
Yes	23	11.5%	9	18.0%		
No	53	26.5%	10	20.0%		
Sometimes	33	16.5%	4	8.0%		

Table (2) Correlation between faking orgasm and husband using dirty talks during sex.

Variable	Faking orgasm		Non faking orgasm		test	P value
	n	%	n	%		
Husband using dirty talks during sex:						
Yes	63	31.5%	16	32.0%	.779	.855
No	87	43.5%	24	48.0%		
Sometimes	49	24.5%	10	20.0%		
If yes, what is your feeling towards it:						
It makes me horny	81	40.5%	17	34.0%	1.734	.629
I hate it	17	8.5%	3	6.0%		
It is disgusting	22	11.0%	8	16.0%		

Table (3) Correlation between oral sex and demographic data of participants.

Variable	Oral sex		Non oral sex		test	P value
	n	%	n	%		
Age:						
<20	0	0%	0	0%	3.922	.141
20-29	83	44.1%	36	58.1%		
30-39	100	53.2%	24	38.7%		
40-50	5	2.7%	2	3.2%		
+50	0	0%	0	0%		
FGC:						
Yes	95	50.5%	38	61.3%	2.167	.141
No	93	49.5%	24	38.7%		

Table (4) Correlation between oral sex and coital activity of participants.

Variable	Oral sex		Non oral sex		test	P value
	n	%	n	%		
Coital frequency:						
Daily	89	47.3%	23	37.1%	8.649	.071
2-3 times weekly	56	29.8%	22	35.5%		
Once weekly	9	4.8%	9	14.5%		
Once monthly	18	9.6%	5	8.1%		
Less than once monthly						
Suitable for you:						
Yes	113	60.1%	41	66.1%	4.487	.213
I want more	54	28.7%	16	25.8%		
I want less	21	11.2%	4	6.5%		
Frequency of reaching orgasm:						
Almost every time of sexual encounter	28	14.9%	16	25.8%	4.946	.176
In< 50% of sexual encounters	23	12.2%	9	14.5%		
In>50% of sexual encounters	97	51.6%	24	38.7%		
Rarely or Almost never	40	21.3%	13	21.0%		
If you don't reach orgasm, who is responsible for that:						
You	63	33.5%	21	33.9%	.288	.962
Your husband	70	37.2%	9	14.5%		
Other factors						
Enjoying sex with husband:						
Yes	121	64.4%	34	54.8%	3.315	.191
No	10	5.3%	7	11.3%		
Sometimes	57	30.3%	21	33.9%		
In case you don't enjoy sex with husband, do you blame him for that:						
Yes	22	11.7%	10	16.1%	3.614	.306
No	48	25.5%	15	24.2%		
Sometimes	32	17.0%	5	8.1%		

4. Discussion

For the most part, the word "sexuality" refers to a wide range of ideas and actions that include things like sexual orientation/preference/attitudes, activities, and emotions and thoughts connected with them. The importance of sexual function to overall well-being has been understudied in women compared to other aspects of well-being. It is difficult to generalise about women's sexuality since it is so varied and complex. When it comes to women's sexual response, it's important to remember that despite the fact that similar components and pathways have been found, there are many other variables at play. It's still difficult and contentious to define a typical female sexual response despite significant advancements in our knowledge of the neuroscience of female sexual response [5].

The study's goal was to look at some of the most prevalent sex issues among a group of Egyptian women in particular. A cross-sectional investigation was conducted for the present research.

According to the findings of this study, the most common complaints women have are that their husbands ejaculate too quickly (14%), are always silent during sex (13.2%), have a short foreplay time (10.8%), are unable to get their wives to reach orgasm (10%), force their wives to do oral sex (2.8%), use foul language during sex (2.8%), and other such issues (37.6 percent).

Young married women's sexual health issues, health seeking behaviour, and the preparedness of primary healthcare practitioners to handle sexual health concerns were studied in Cairo by Rizk and Gaafar [6]. They found that more than half of the women they spoke with had had some kind of sexual issue.

According to the results of our research, 37.2% of participants admitted to staging an orgasm. According to Muehlenhard and Shippee [7], 50–60% of women have admitted to faking an orgasm. It has been proposed that women may fake an orgasm to keep their partners faithful or to keep them from leaving the relationship, according to Kaighobadi et al.

Faking orgasm was shown to be widespread behaviour by Younis et al. [9] in their study (84.9 percent). Most women lied to keep their husbands' self-esteem intact (82 percent).

Séguin et al. [10] found similar findings, with 43.1 percent of women admitting to staging an orgasm.

Pretending orgasm is quite frequent, according to Jern et al. [11]'s findings, with 34% of the women in their research having feigned orgasm at least many times.

According to the findings of this research, there was no link between fake orgasm and real orgasm during FGC.

Existing research on the impact of FGC on sexual function is mixed. European researchers at the World Congress for Sexual Medicine found that FGC women may also have an orgasm after examining African women who had been 'circumcised' [12]. Andersson et al. [13] found, on the other hand, that FGM had a

substantial negative impact on women's sexual well-being.

According to our findings, 93.2 percent of the women in the sample had never engaged in anal intercourse. Between 6 and 40% of Americans claim having had anal intercourse at least once in their lives, with up to 10% reporting having done so in the preceding year [14, 15].

In a comprehensive assessment of the data, Voeller [16] concluded that at least 10% of sexually active American women regularly participate in anal reception. Even if this figure is exaggerated by a factor of two, anal intercourse happens in four million more women each year than in one million males who have sex with men, according to Halperin [17].

Leichliter et al. [18] discovered that 34% of men and 30% of women (N 12, 547) in the United States had ever engaged in heterosexual anal intercourse using data from the National Survey of Family Growth.

According to the results of the study, the most common complaints from wives were that their husbands ejaculate too quickly (14%), are always silent during sex (13.2%), have short foreplay (10.8%), don't know how to reach orgasm (10.1%), force their spouse to have oral sex (2.8%), and use foul language while having sex (2.8 percent).

Clinically substantial levels of sexual discomfort were shown to be linked with dyspareunia and subjective difficulties with arousal, according to Knoepp et al. [19]. In women over forty, decreased libido was not linked to sexual discomfort. Many women with reduced libido do not express any personal discomfort because of this condition, according to previous epidemiological studies [20].

Over 60% of women in Egypt's Damietta have FSD. Low sexual desire was the most prevalent sexual problem (affecting 25.6% of people) [3].

According to Roodsari et al. [21], a study of married Iranian medical students found that 40% had sexual problems overall and 6.7% had problems in all subgroups; 20.0% had desire issues, 56.7% had arousal sensation issues, 33.3% had arousal lubrication issues, 36.7% had orgasm issues, and 6.7% had pain issues; and 20.0% had enjoyment issues.

FSD was reported to affect 46.9% of Turkish women between the ages of 18 and 66, according to Cayan et al. They also discovered that 60.3% of women had poor sexual desire, while 43.3% had arousal issues, 38.3% had lubrication issues, 45.8% had orgasm issues, 38.3% had satisfaction issues, and 36.8% had pain issues.

An epidemiological study of the US population found that about a third of women had no sexual desire and nearly a fourth had no orgasms, according to epidemiological statistics obtained from the survey [23].

According to Castelo-Branco et al. [24], who used the Laumann's test on women in Santiago, Chile, they found that 38% of the women had desire

disorders, 32% had arousal disorders, 25% had orgasmic disorders, and 33% were dyspareunic.

The incidence of FSD varies widely between nations, according to research. In the context of possible socio-economic, cultural, and racial differences this may reflect medical and psychological factors such as the clinical definition used for each dysfunction, the type of trial conducted (self-applicable questionnaire, mailed questionnaire, telephone interview), the interrelation with their partners, educational levels, and the characteristics of the samples (general population vs. sexuality clinics) studied.

According to our findings, 49.6% of women reported having oral intercourse with their husbands, and 62.86% reported liking it. 50.4% of those polled engage in oral sex with their spouses, and 44.4% find it pleasurable.

The amount of pleasure men and women get from giving and receiving oral sex is unknown, as is the extent to which the environment of a relationship influences the level of pleasure experienced by both parties [25].

It's clear from our findings that men and women give and receive oral sex differently, and that these variations have connections to pleasure experienced and partner type. There were 899 ladies who took part in an online survey on their most recent sexual experience and disclosed their sexual activity. More over two-thirds of those polled said their most recent sexual experience involved oral sex, either providing or receiving. Women were more likely than males to admit to having oral sex with their spouse (59 percent vs. 52 percent). When it came to delivering oral sex, most participants said it was "somewhat pleasant."

Intimacy and equitable sexual relationships may be shown by receiving oral sex. Men anticipate oral sex (i.e. oral-penis contact) to be given to them, whereas women expect it to be given to them (i.e. oral-vulva contact) among young people in the UK [26].

Oral sex differences between men and women may also be a reflection of differing motives for different kinds of oral sex engagement. Men and women alike cited physical reasons for oral sex in the Vannier and O'Sullivan [27] study, but women were more likely to support emotional reasons than men. Oral sex may be a method for some women to show their love for their spouse and to feel close to them. Women may also be less comfortable receiving oral sex than males, according to some data [28].

According to the findings of this research, there was no link between oral and non-oral sex in terms of age.

In contrast to D'Souza et al. [29] who wanted to look into the link between age and oral sexual behaviour, this study suggests the opposite. Young people were found to engage in oral sex at a higher rate than did older adults.

5. Conclusion

There were a slew of significant issues that weren't seem to have since the couple was determined to maintain their husband's dignity. Sexuality-related sensitive problems will always be a challenge to deal with. Nevertheless, it is both possible and necessary to continue gathering data in this field.

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