Believe it or not: Views of a sample of Egyptian women about sexual myths

Original Article

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ABSTRACT

Background: Many people have sexual dysfunctions for the simple reason that they believe in certain fallacies and mythical ideas.
Aim: To assess the opinion of female doctors compared with nonmedical women regarding sexual myths.
Patients and Methods: Participants included 822 married women divided into two groups: a medical group including 432 (52.6%) female doctors (not working in the field of sexual medicine) and a nonmedical group including 390 (47.4%) women. The tool was a self-report questionnaire to assess opinions about eight sexual myths in addition to demographic data.
Results: Most nonmedical women believed in seven of the eight myths, whereas most female doctors believed in only two myths. Age of women, their residence, and their educational level were determining factors in believing sexual myths.
Conclusion: Nonmedical women are more liable to believe in sexual myths. The need to spread proper sexual knowledge via sexual education is a dire need.

Key Words: Beliefs, myths, opinions, women.

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INTRODUCTION

The word "myth" comes from Greek "mythos" which means anything delivered by word of mouth[1]. Sexual myths are beliefs which are exaggerated, incorrect, not based on scientific foundation, or considered as true but in fact not in terms of sexuality[2].

Sexual myths were always present throughout history. Ancient practitioners of Taoism believed that sex without ejaculating makes life longer[3], Hippocratic physicians had dietary prescriptions for choosing the sex of one's children[4] and there are many stories of toothed vaginas (vagina dentata) throughout the world. If these teeth are not removed, the male fears that his penis or testicles, or both, will be sheared away. Some argue that these stories are the backbone to the practice of female genital mutilation[5].

Many reasons make myths be prevalent in a population. Examples of these reasons are: poor education, cultural beliefs and social misconceptions. Myths are usually passed on from one generation to the next[6].

Long lasting myths tend to become believed in as true. Sexuality-related myths can lead to sexual dysfunction, the development of adversely affected gender identity and decrease in the quality of sexual intercourse[7].

The current study was carried out in order to compare the credibility of some sexual myths among a sample of female doctors (not trained in sexual medicine) and non-medical Egyptian women.

PATIENTS AND METHODS

This cross-sectional study was started after obtaining approval from the Department of Dermatology and Andrology and the Research Ethics Committee in Faculty of Medicine, Benha University.

The participants were 822 married women recruited from the Dermatology and Andrology outpatient clinic in Benha University and El-Qinnayat Central Hospital-Sharqia governorate. Participants were divided into 2 groups: The medical group including 432 female doctors (non-andrologists) (52.6%) and the non-medical group including 390 women (47.4%).

The tool used was a self-report questionnaire which included questions about demographic data plus 8 statements which participants were asked to give their opinion about the credibility of these statements. These statements were given to participants as shown below or as questions for them to choose from some choices.

1. Normal coital frequency is once daily[8]

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2. Normal coital duration can take more than half an hour[9]

3. Sexual activity stops after a certain age[10]

4. Hairy men have more sexual powers than smooth man[11]

5. There is a relation between size of a man's penis and size of his shoes[12]

6. Sex should happen only if a man initiates it[13]

7. Certain foods affect sexual desire[14]

8. Masturbation is harmful[15]

The aim of the study was explained to the women before taking their informed consent and asking them to fill the questionnaire. To ensure that all gathered information was kept confidential and the subject was anonymous, each questionnaire was handed in an open envelope and after filling it; the subject sealed the envelope and put it in a basket containing other sealed envelopes.

Participants were married Egyptian women not suffering from diseases that impair sexuality. Illiterate women were excluded from the study as women should be able to read and write in order to fill the questionnaire by themselves.

Statistical analysis

Results were collected, tabulated, statistically analyzed by a personal computer and statistical package SPSS version 20 (IBM Corp., Armonk, N.Y., USA). Two types of statistics were done.

(1) Descriptive, for example, number and percent.

(2) Analytical:

(a) χ^2: it is used to compare between two groups or more regarding one qualitative variable in 2x2 contingency table or r c complex table.

(b) Z test: between proportions.

(c) *P value*

(i) Nonsignificant difference if *P value* more than 0.05.

(ii) Significant difference if *P value* less than 0.05.

(iii) Highly significant difference if *P value* less than 0.001.

RESULTS

Demographic data

The most common age group in participants was 30–39 years (53.5%). Employed participants in the medical group were 372 (86.1%) women, whereas employed women in the nonmedical group were 34.4%. In the medical group, most women (86.3%) were living in urban areas, whereas most women in the nonmedical group (82.1%) were living in rural areas (Table 1).

Table 1: Demographic data

Variables	Medical group (*N*=432) [n (%)]	Nonmedical group (*N*=390) [n (%)]	Total (*N*=822) [n (%)]	χ^2 test	*P* value
Age (years)					
<20	0	17 (4.4)	17 (2.1)	139.7	<0.001**
20–29	139 (32.2)	88 (22.6)	227 (27.6)		
30–39	277 (64.1)	163 (41.8)	440 (53.5)		
40–49	12 (2.8)	55 (14.1)	67 (8.2)		
≥50	4 (0.9)	67 (17.2)	71 (8.6)		
Educational level					
Read and write	0	77 (19.7)	77 (9.4)	255.96	<0.001**
Secondary school	0	111 (28.5)	111 (13.5)		
University graduate	432 (100)	202 (51.8)	634 (77.1)		
Place of residence					
Village	59 (13.7)	320 (82.1)	379 (46.1)	385.8	<0.001**
City	373 (86.3)	70 (17.9)	443 (53.9)		
Occupation					
Student	0	45 (11.5)	45 (5.5)	232.45	<0.001**
Employed	372 (86.1)	134 (34.4)	506 (61.5)		
No job	60 (13.9)	211 (54.1)	271 (33.0)		

**Highly significant difference (*P<0.001*).

Reaction of studied women to sexual myths

Table 2 shows that most nonmedical women believed the following statements: normal frequency of intercourse is at least once daily (56.7%), normal coital duration is more than half an hour (58.5%), sexual activity stops after a certain age (81.3%), hairy men have more sexual powers than smooth man (48.5%), a man is supposed to allude for sexual intercourse (77.2%), certain foods (mainly sea food 68.9%) increase sexual desire (64.4%), and masturbation is harmful (79.5%). A majority of women of the medical group disagreed with the nonmedical women in all aspects except for two aspects: certain foods (mainly sea food 86.3%) increase sexual desire (54.4%) and masturbation is harmful (79.5%).

Table 2: Sexual myths in the studied groups

Variables	Medical group (*N*=432) [n (%)]	Nonmedical group (*N*=390) [n (%)]	Total (*N*=822) [n (%)]	χ^2 test	*P* value
Normal frequency of intercourse is at least once daily					
Yes	128 (29.6)	221 (56.7)	349 (42.5)	61.33	<0.001**
No	304 (70.4)	169 (43.3)	473 (57.5)		
Normal coital duration is >30 min					
Yes	84 (19.4)	228 (58.5)	312 (38.0)	132.5	<0.001**
No	348 (80.6)	162 (41.5)	510 (62.0)		
Sexual activity stops after the age of					
40	4 (0.9)	35 (9.0)	39 (4.7)	300.0	<0.001**
50	36 (8.3)	127 (32.6)	163 (19.8)		
60	51 (11.8)	155 (39.7)	206 (25.1)		
No age for stopping sex	341 (78.9)	73 (18.7)	414 (50.4)		
Hairy men have more sexual powers than smooth man					
Yes	79 (18.3)	189 (48.5)	268 (32.6)	84.93	<0.001**
No	353 (81.7)	201 (51.5)	554 (67.4)		
There is a relation between size of a man's penis and size of his shoes					
Yes, there is a relation	36 (8.3)	83 (21.3)	119 (14.5)	136.6	<0.001**
Yes, their sizes are equal	7 (1.6)	90 (23.1)	97 (11.8)		
No, there is no relation	389 (90.0)	217 (55.6)	606 (73.7)		
Who is supposed to allude for sexual intercourse					
Woman	3 (0.7)	0	3 (0.4)	195.3	<0.001**
Man	123 (28.5)	301 (77.2)	424 (51.6)		
No matter who	306 (70.8)	89 (22.8)	395 (48.1)		
Certain foods affect sexual desire					
Yes, it increases it	235 (54.4)	251 (64.4)	486 (59.1)	69.24	<0.001**
Yes, it decreases it	0	39 (10.0)	39 (4.7)		
No	197 (45.6)	100 (25.6)	297 (36.1)		
Masturbation is harmful					
Yes	354 (81.9)	310 (79.5)	664 (80.8)	0.80	0.37 (NS)
No	78 (18.1)	80 (20.5)	158 (19.2)		

**Highly significant difference (*P<0.001*).
**Nonsignificant (NS) difference (*P>0.05*).

Effect of age group on beliefs of sexual myths

A comparison between age groups 20–29 and age group 50+ shows a significant increase of the percentage of women who believe in the following statements: normal coital duration is more than half an hour (30.8 vs. 50.7%), sexual activity stops after the age of 60 years (26.9 vs. 42.3%), men can have sex any time (50.7 vs. 76.1%), husband is supposed to allude for sexual intercourse (46.7 vs. 83.1%), certain foods increase sexual desire (54.2 vs. 94.4%), and masturbation is harmful (81.5 vs. 94.4%) (Table 3).

Table 3: Correlation between different age groups and sexual myths believed by the studied groups

	Age (*N*=822) [n (%)]						
Variables	<20 (*N*=17)	20–29 (*N*=227)	30–39 (*N*=440)	40–49 (*N*=67)	50+ (*N*=71)	χ^2 test	*P* value
Normal frequency of intercourse is at least once daily							
Yes	17 (100)	112 (49.3)	158 (35.9)	45 (67.2)	17 (23.9)	61.87	<0.001**
No	0	115 (50.7)	282 (64.1)	22 (32.8)	54 (76.1)		
Normal coital duration is >30 min							
Yes	13 (76.5)	70 (30.8)	145 (33.0)	48 (71.6)	36 (50.7)	57.45	<0.001**
No	4 (23.5)	157 (69.2)	295 (67.0)	19 (28.4)	35 (49.3)		
Sexual activity stops after the age of							
40	7 (41.2)	0	18 (4.1)	0	14 (19.7)	217.76	<0.001**
50	4 (23.5)	40 (17.6)	79 (18.0)	16 (23.9)	24 (33.8)		
60	0	61 (26.9)	75 (17.0)	40 (59.7)	30 (42.3)		
No age for stopping sex	6 (35.3)	126 (55.5)	268 (60.9)	11 (16.4)	3 (4.2)		
Hairy men have more sexual powers than smooth man							
Yes	15 (88.2)	115 (50.7)	238 (54.1)	44 (65.7)	54 (76.1)	24.51	<0.001**
No	2 (11.8)	112 (49.3)	202 (45.9)	23 (34.3)	17 (23.9)		
There is a relation between size of a man's penis and size of his shoes							
Yes, there is a relation	4 (23.5)	39 (17.2)	59 (13.4)	8 (11.9)	9 (12.7)	82.52	<0.001**
Yes, their sizes are equal	7 (41.2)	32 (14.1)	20 (4.5)	23 (34.3)	15 (21.1)		
No, there are no relation	6 (35.3)	156 (68.7)	361 (82.0)	36 (53.7)	47 (66.2)		
Who is supposed to allude for sexual intercourse							
Wife	0	1 (0.4)	2 (0.5)	0	0	71.46	<0.001**
Husband	13 (76.5)	106 (46.7)	191 (43.4)	55 (82.1)	59 (83.1)		
No matter who	4 (23.5)	120 (52.9)	247 (56.1)	12 (17.9)	12 (16.9)		
Certain foods affect sexual desire							
Yes, it increases it	10 (58.8)	123 (54.2)	226 (51.4)	60 (89.6)	67 (94.4)	93.16	<0.001**
Yes, it decreases it	2 (11.8)	21 (9.3)	14 (3.2)	0	2 (2.8)		
No	5 (29.4)	83 (36.6)	200 (45.5)	7 (10.4)	2 (2.8)		
Masturbation is harmful							
Yes	9 (52.9)	185 (81.5)	341 (77.5)	62 (92.5)	67 (94.4)	26.02	<0.001**
Nossss	8 (47.1)	42 (18.5)	99 (22.5)	5 (7.5)	4 (5.6)		

**Highly significant difference (*P<0.001*).

Effect of educational level on beliefs of sexual myths

Table 4 shows a significant decrease in beliefs of sexual myths with better education. Comparing beliefs between the three degrees of education examined in the present work (can only read and write, secondary education, and university degree) gives some examples: normal frequency of intercourse is at least once daily (72.7, 55.9, and 36.4%, respectively), and food increases sexual desire (85.7, 52.3, and 57.1%, respectively).

Table 4: Correlation between different educational levels groups and sexual myths believed by the studied groups

	Educational level (*N*=822) [n (%)]				
Variables	Can read and write (*N*=77)	Secondary school (*N*=111)	University degree (*N*=634)	χ^2 test	*P* value
Normal frequency of intercourse is at least once daily					
Yes	56 (72.7)	62 (55.9)	231 (36.4)	47.21	<0.001**
No	21 (27.3)	49 (44.1)	403 (63.6)		
Normal coital duration is >30 min					
Yes	56 (72.7)	76 (68.5)	180 (28.4)	105.1	<0.001**
No	21 (27.3)	35 (31.5)	454 (71.6)		
Sexual activity stops after the age of					
40	14 (18.1)	7 (6.3)	18 (2.8)	175.8	<0.001**
50	28 (36.4)	48 (43.2)	87 (13.7)		
60	28 (36.4)	42 (37.9)	136 (21.5)		
No age for stopping	7 (9.1)	14 (12.6)	393 (62.0)		
Hairy men have more sexual powers than smooth men					
Yes	77 (100)	70 (63)	319 (50.3)	72.48	<0.001**
No	0	41 (37)	315 (49.7)		
There is a relation between size of a man's penis and size of his shoes					
Yes, there is a relation	21 (27.3)	28 (25.2)	70 (11)	221.31	<0.001**
Their sizes are equal	42 (54.5)	21 (18.9)	34 (5.4)		
No relation	14 (18.2)	62 (55.9)	530 (83.6)		
Who is supposed to allude for sexual intercourse					
Wife	0	0	3 (0.5)	120.86	<0.001**
Husband	77 (100)	83 (74.8)	264 (41.6)		
No matter who	0	28 (25.2)	367 (57.9)		
Certain foods affect sexual desire					
Yes, it increases	66 (85.7)	58 (52.3)	362 (57.1)	72.13	<0.001**
Yes, it decreases	0	20 (18)	19 (3.0)		
No	11 (14.3)	33 (29.7)	253 (39.9)		
Masturbation is harmful					
Yes	70 (90.9)	84 (75.7)	510 (80.4)	6.82	<0.001**
No	7 (9.1)	27 (24.3)	124 (19.6)		

*Significant difference (*P<0.05*).
**Highly significant difference (*P<0.001*).
Nonsignificant difference (*P>0.05*).

Effect of residence on beliefs of sexual myths

There is a statistically significant difference between women living in rural areas compared with women living in urban areas. Urbanization decreases believing in sexual myths. Examples from (Table 5) include the following: normal coital duration is more than half an hour (60.2 vs. 19.0%), sexual activity stops after the age of 60 years (33.0 vs. 18.3%), men can have sex any time (67.0 vs 47.9%), and husband is supposed to allude for sexual intercourse (76.5 vs. 30.2%).

Table 5: Correlation between different places of residence and sexual myths believed by the studied groups

	Places of residence (*N*=822) [n (%)]			
Variables	Rural residence (*N*=379)	Urban residence (*N*=443)	χ^2 test	*P* value
Normal frequency of intercourse is at least once daily				
Yes	205 (54.1)	144 (32.5)	38.95	<0.001**
No	174 (45.9)	299 (67.5)		
Normal coital duration is >30 min				
Yes	228 (60.2)	84 (19.0)	147.2	<0.001**
No	151 (39.8)	359 (81.0)		
Sexual activity stops after the age of				
40	35 (9.2)	4 (0.9)	183.25	<0.001**
50	121 (31.9)	42 (9.5)		
60	125 (33.0)	81 (18.3)		
No age for stopping sexual activity	98 (25.9)	316 (71.3)		
Hairy men have more sexual powers than smooth men				
Yes	181 (47.8)	87 (19.6)	73.49	<0.001**
No	198 (52.2)	356 (80.4)		
There is a relation between size of a man's penis and size of his shoes				
Yes, there is a relation	72 (19.0)	47 (10.6)	103.27	<0.001**
Yes, their sizes are equal	86 (22.7)	11 (2.5)		
No, there are no relation	221 (58.3)	385 (86.9)		
Who is supposed to allude for sexual intercourse				
Wife	0	3 (0.7)	175.69	<0.001**
Husband	290 (76.5)	134 (30.2)		
No matter who	89 (23.5)	306 (69.1)		
Certain foods affect sexual desire				
Yes, it increases	260 (68.6)	226 (51.0)	53.07	<0.001**
Yes, it decreases	29 (7.7)	10 (2.3)		
No	90 (23.7)	207 (46.7)		
Masturbation is harmful				
Yes	310 (81.8)	354 (79.9)	0.47	0.49 (NS)
No	69 (18.2)	89 (20.1)		

**Highly significant difference (*P<0.001*).

DISCUSSION

Sexual myths are not sweeping the world but they remind us that there were some amazing misconceptions about human sexuality out there. Many of which were passed on as gospel, and some of which were even taught in schools. Some were so misleading as to be dangerous, whereas others might cause needless worry and anxiety. Nobody gets all the right information, and sometimes early information sounded right until we learned it was actually quite inaccurate[16].

The nonmedical group was in favor of the opinion that the normal coital frequency is daily, especially those who have a modest amount of education, youngsters, and those of rural residence. This myth is against the findings of many studies. Rao and Demaris[17] reported that the overall mean coital frequency among 3253 American women was seven coition per month. Weekly average coital frequency was two among 527 sexually active adults in Cape Town[18], whereas an Egyptian study[19] found that only 8.2% of 306 surveyed married women had daily coital frequency.

In the fantasy model of male sexuality, men have large penises, rock-hard erections, and can sustain sexual activity all night long[20]. It seems that many men and women hold this fantasy. Ablow[21] found that more than 80% of men and women, in an online survey, wanted sex to last 30 min or longer. This wishful thinking was shared by 58.5% of our nonmedical participants. Corty and Guardiani[22] comparing actual to desired time of intercourse found that both sexes wished intercourse to last more than twice as long as self-reported length (7.86 min for men and 7.03 min for women). Intravaginal ejaculation latency time was estimated in five countries (Holland, UK, Spain, Turkey, and USA). The mean time was 5.4 min[23].

A sweeping majority (81.3%) of our nonmedical women agreed that sexual activity stops after certain age (mostly 60+). This notion was dominant in the views of women with low level of education and those living in rural areas. Gurvinder *et al*.[24] mentioned that most cultures still believe that older women were sexually retired. In fact, all natural sexual functions change as an individual ages, but they do not disappear[25]. A substantial number of women engage in vaginal intercourse, oral sex, and masturbation even in the eighth and ninth decades of life[26]. Love and intimacy remain the same as old women were in their youth, whereas in men, whether or not erectile capacity is retained, the decision to continue intimacy is often sociocultural[27]. Levine[28] suggests that some women find a relief in their loss of sexual feelings and capacities at midlife and hide them behind the belief that they were too old for sex owing to earlier unhappy and unsatisfying sexual experiences.

The idea that hairy men possess more sexual powers was not very popular among our participants except for the youngest age group and rural residents. The presence of body hair has traditionally been symbolic of masculinity and virility[29]. This impression may be owing to the assumption that more hair means more testosterone and more testosterone means more sex drive, more erectile function, and more sexual performance[30]. However, clinical research does not support this hypothesis. For example, hairiness has not been found to correlate with traits that are associated with high testosterone levels like masculinity of voice or masculine body shape[31]. Moreover, individual variation in hairiness of men does not mean a signal of high testosterone levels and has no correlation with levels of circulating testosterone[32].

The relation between the length of a man's penis and the size of his shoes was only believed by 44.4% of our nonmedical women, mainly among 20–29-year age group, and women who can only read and write. The argument about correlation between penile size and certain body organs is old. In 1899, Loeb[33] found no significant correlation between penile dimensions and body height. Siminoski and Bain[34] found a weak correlation between foot length and stretched penile length. They concluded that the only thing anyone will learn by a man's shoes is his taste in fashion. Shah and Christopher[12] conducted a prospective study, on 104 men, to scientifically address the issue. Their conclusion was that 'the supposed association of penile length and shoe size has no scientific basis.'

The husband but not the wife is the one who is supposed to allude for sexual intercourse. This was the choice of 77.2% of the nonmedical women and all women who can only read and write in the current study. On the contrary, 70.8% of women doctors thought that it does not matter who starts. Wusu and Isiugo-Abanihe[35] stated that the cultural climate of the society preconditions women's mind to always wait for men to initiate sex. A Canadian study[36] showed that men initiated heterosexual relationships more frequently than did women (49 vs. 32%) and most initiations were nonverbal initiation (91%). The results of an American study[37] showed that most men currently practice male-dominated patterns of sexual initiation; however, many men desire egalitarian patterns of initiation. Men offered clear preference to be an object of desire to their female partners.

Casanova, the 18th-century famous Venetian lover, reportedly ate dozens of oysters at a time to stir arousal before his legendary trysts. Sea food was considered an aphrodisiac by 54.4% of the medical group and 64.4% of the nonmedical group. Researchers from Harvard school of medicine[38] concluded that couples, in which both partners consumed approximately two or more sea food servings per week, had a significantly greater sexual intercourse frequency and higher fecundity. Cai *et al*.[39] suggest a potential relationship between regular daily apple consumption and better sexuality in young women population. In the study of Salonia *et al*.[40] women

reporting chocolate consumption have higher FSFI scores than women who do not eat chocolate. However, when data were adjusted for age, FSFI scores were similar, regardless of chocolate consumption. Mirza *et al*.[41] analyzed bivalve mollusks – a group of shellfish that includes oysters – and found they were rich in two rare amino acids, D-aspartic acid and N-methyl-D-aspartate, that trigger increased levels of sex hormones. They stressed that the oysters have to be eaten raw to be most effective. Cooking them reduces the quantity of the two key amino acids. However, in September, 2018, the FDA[42] stated that there is no scientific evidence that raw oysters are an aphrodisiac. The FDA even warned that raw oysters contaminated with Vibrio vulnificus can be life-threatening, even fatal when eaten by someone with liver disease, diabetes, or immunodeficiency.

Masturbation was considered to be harmful by 80.8% of our participants (including 81.9% of doctors and 92.5% of women aged 50+). For many millennia, even as recently as 1901, masturbation has been associated with tuberculosis, gonorrhea, epilepsy, blindness, deafness, and 'insanity'[43]. Sigmund Freud and his orthodox collaborators stressed the connection between masturbation and 'neurasthenia'[44]. Thanks to the research works of Kinsey *et al*. in the 1940s[45] and Kinsey *et al*. in the 1950s[46] and the work of Masters and Johnson in the 1960s[47], current medical knowledge does not consider masturbation as a cause of mental illness, physical weakness, or any type of disease or death. It is a completely normal, natural aspect of human sexual development from the undifferentiated sensorimotor pleasure response of the infant to mutual partner exchange into old age[43].

There were some alarming results obtained from responses of the female doctors. Examples include 81.9% believe that masturbation is harmful, 54.4% believed that certain foods booster libido, and even those 18.3% who thought that hairy men possess more sexual powers than smooth men. These answers suggest that many of the sexual beliefs of women are built on impressions rather that solid information. Sex education in the whole society and in medical schools in particular needs a strong push forward.

CONCLUSION

Believing in sexual myths is widespread among nonmedical women, especially those of rural residence, with low education, and above 50 years of age. Sex education is a dire need even for medical services providers.

CONFLICT OF INTEREST

There are no conflicts of interest.

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