

Sexual Myths In Women

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Abstract

Sexual myths are beliefs about sexual subjects, which are often exaggerated, wrong and non- scientific but thought to be true. These wrong beliefs and concepts affect individual's attitudes and behaviors about sexuality. Sexual myths may cause consequences, which may affect sexual and consequently general public health; some of these sexual beliefs were investigated. A total of 822 women participants (432 medical women and 390 non-medical women not suffering from diseases that impair sexuality and not illiterate) answered a self-report questionnaire. Findings showed that, participants had high numbers of wrong beliefs. In addition, we found some sexual myths among medical women. The rural resident women had more misconceptions than the urban women did, while education affect the presence of the sexual myths between women as higher education obtained, fewer myths to be found.

Keywords: Sexual myths, Myths, Wrong sexual beliefs, Prevalence of sexual myths, Women's sexual beliefs, Egyptian women.

1. Introduction

Beliefs sometimes lead our lives for us in our place, they often result in large affirmations such as saying I must. Several researchers have also studied the subject, interviewing many women, partly on their beliefs and ideas about sexuality and another on the way they lived. These studies show a strong correlation between sexual activity and the mental picture they have of sexuality. In other words, what we know – or what we think we know – about sex can positively or negatively influence our sex life [1].

Although it was shown that sexual health directly affects relationships, happiness, quality of life in both men and women, sexuality is currently one of the leading taboos and people cannot talk about sexuality openly. Thoughts about sexuality and sexual behavior develop at every individual in childhood, adolescence and adulthood [2].

The most important factor in the development of individual sexual behavior is the point of view of the cultural structure of the society of that individual. Our society is one of the societies which sexuality is seen as a taboo and is not talked openly. Formal education also remains inadequate to cover individual's learning needs about sexuality in our country. The main information sources about sexuality were found to be friends, environment, media such as newspapers and journals and pornographic material in general. Too much deficient, wrong and/or exaggerated information about sexuality are given in these informal sources. Due to this misleading information, several prejudices occur about sexuality in the public. One of the most frequently encountered consequences of misleading information is sexual myths [3].

Sexual myths are beliefs about sexual subjects, which are often exaggerated, wrong and non-scientific but thought to be true. These wrong beliefs and concepts affect individual's attitudes and behaviors about sexuality. Sexual myths may cause consequences, which may affect sexual and consequently general public health. Popular beliefs and attitudes vary between different cultures. There

also may be regional differences within the same culture. Moreover, beliefs and attitudes about sexual subjects vary between individuals, age, gender, education, family type etc [4].

2. Aim of the work

To evaluate the types of sexual myths and their impact on various aspects of sexuality in a sample of Egyptian women.

3. Patients and methods

After obtaining approval from the Department of Dermatology and Andrology and the Research Ethics Committee in Faculty of Medicine, Benha University we proceed with asking the participants to complete our questionnaire. The study was performed on 822 women attending the dermatology and andrology outpatient clinic in El-Qinnayat Central Hospital in El-Qinnayat, El-Sharqia governorate. The tool used was a self-report questionnaire, which was designed according to many sources [5-24] with addition of some questions that suits the current study and details of the questionnaire were explained to the women before taking their informed consent. Each woman was asked 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. The Incorporation criteria were Egyptian women not suffering from diseases that impair sexuality. Avoidance criteria were illiterate women. The current study was conducted as a cross-sectional study. Results were collected, tabulated, statistically analyzed by IBM personal computer and statistical package SPSS version 20. Two types of statistics were done descriptive: e.g. number and percent (%), analytical: Chi-Squared (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, Z test: between proportions and p value, where non-significant difference if $p >$

0.05, significant difference if $p < 0.05$ and highly significant difference if $p < 0.001$.

4. Results

The current study included 822 participants divided into two groups. The medical group included 432 women (52.6%) and the non-medical group included 390 women (47.4%).

The most common age group in participants was 30-39 years that contains 440 women (53.5%). Employed participants were 504 women (61.3%), but there was a difference in the occupation category between the two groups as in the non-medical group, the participants who have no jobs were 211 women (54.1%) while in the medical group, the participants who were employed were 370 women (85.6%). Among participants, 634 women (77.1%) had a university degree and 443 women (53.9%) were living in a city. The relation between the two groups regarding age, educational level, place of residence and having an occupation were highly statistically significant correlation ($p < 0.001$) Table (1).

Table 2 shows that 57.5% of women disagreed that the normal frequency of intercourse is at least once daily, but there was a difference between the two groups as in the medical group 70.4% of participants disagreed that normal frequency of the intercourse is at least once daily, while in the non-medical group 56.7% of participants agreed that normal frequency of intercourse is at least once daily. In addition, 62% of the participants disagreed that normal coital duration is more than half an hour, but there was a difference between the two groups in this category as in the medical group the participants who disagreed that the normal coital duration is more than half an hour were 80.6%, while in the non-medical group 58.5% of participants agreed that the normal coital duration is more than half an hour. Results show that 50.2% of participants disagreed that sexual desire is lost after menopause, but there was a difference in this category between the two groups as in the medical group the participants who disagreed that sexual desire is lost after menopause were 59.5%, while in the non-medical group 60% of the participants agreed that sexual desire is lost after menopause. Among participants, 56.7% agreed that men could have sex any time. On the other hand, there was a difference between the results of the two groups in this category as in the medical group, 55.3% of participants disagreed that men could have sex any time, while in the non-medical group 70% of the participants agreed that men could have sex any time. Among participants, 51.8% agreed that it is not necessary to caress man's penis to prepare him for sex, but there was a difference between the results of the two groups in this category as in the medical group, the participants who did not agree that it is not necessary to caress man's penis to prepare him for sex were

59.3%, while in the non-medical group 64.1% of the women agreed that it is not necessary to caress man's penis to prepare him for sex. A percentage of 59.1% believe that food increases sexual desire, while 67.4% of women said that hairy men not necessary have sexual powers more than smooth men. Results show that 51.6% of women agreed that the man is the one who has to allude for sexual intercourse. In this category, there was a difference in the results of the two groups as in the medical group 70.8% of the women said that no matter who is supposed to allude for sexual intercourse, while in the non-medical group 77.2% said that the man is supposed to allude for sexual intercourse. Table 2 also shows that 50.4% of all studied women said that there was no age for stopping sexual activity, but there was a difference between the two groups as in the medical group the participants who agreed that there is no age for stopping sexual activity were 78.9%, while in the non-medical group only 18.7% of the participants agreed that there is no age for stopping sexual activity. In response to the question about ability of men to fake orgasm, 70.4% of women agreed that man cannot fake orgasm, while there 73.7% of women agreed that there was no relation between the size of a man's penis and size of his hand. There was no difference between the two groups in these results. Table 2 shows that 77.1% of all the participants agreed that the stronger the erection the more orgasm a women can obtain, while 64.8% of women in our study believe that the man does not care about passion and he is able to practice sex with any woman. There was no difference between the two groups in these results. Among studied women, 66.2% see that oral sex practice is not forbidden, while 85% of participants consider anal sex harmful. There was no difference between the two groups in these results. A percentage of 56.2% suggest that oral sex can transmit sexually transmitted infections. There was a difference between the results of the two groups in this category as in the medical group, the participants who agreed that oral sex can transmit sexually transmitted infections were 72%, while in the non-medical group 61.3% of the participants agreed that oral sex can transmit sexually transmitted infections. Among studied groups, 60% agreed that man could engage in a sexual intercourse with a woman whom he is not attracted to, while 80.8% claim that masturbation is harmful. There was no difference between the two groups in these results. In addition, 40.1% of participants agreed that genital cutting does not protect women from sexual arousal. In this category, there was a difference between the results of the two groups as in the medical group 55.3% of the women did not agree that genital cutting protects women from sexual arousal, while in the non-medical group 44.6% agreed that genital cutting protects women from sexual arousal, Table (2).

Table (1) Demographic data of the studied groups.

Variable	Medical group (n= 432)		Non-medical group (n= 390)		Total (n= 822)		X ² Test	P – Value
	n	%	n	%	n	%		
Age: (years)								
<20 years	0	0.0	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 years	4	0.9	67	17.2	71	8.6		
Educational level:								
Read and write	0	0	77	19.7	77	9.4	255.96	<0.001**
Secondary school	432	100	202	51.8	634	77.1		
University graduate								
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	2	0.5	45	11.5	47	5.7	232.45	<0.001**
Employed	370	85.6	134	34.4	504	61.3		
No job	60	13.9	211	54.1	271	33.0		

** :highly significant difference (p<0.001).

Table (2) Sexual myths in the studied groups.

Variable	Medical group (n= 432)		Non-medical group (n= 390)		Total (n= 822)		X ² Test	P – Value
	n	%	n	%	n	%		
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 desire is lost after menopause								
Yes	175	40.5	234	60.0	409	49.8	31.15	<0.001**
No	257	59.5	156	40.0	413	50.2		
Men can have sex any time								
Yes	193	44.7	273	70.0	466	56.7	53.54	<0.001**
No	239	55.3	117	30.0	356	43.3		
It is not necessary to caress man's penis to prepare him for sex								
Yes	176	40.7	250	64.1	426	51.8	44.81	<0.001**
No	256	59.3	140	35.9	396	48.2		
Food affects sexual desire								
Yes, it increases it	235	54.4	251	64.4	486	59.1	69.24	<0.001**
Yes, it decreases it	0	0.0	39	10.0	39	4.7		
No	197	45.6	100	25.6	297	36.1		
Hairy men have sexual powers more than smooth men								
Yes	79	18.3	189	48.5	268	32.6	84.93	<0.001**
Not necessary	353	81.7	201	51.5	554	67.4		
Man can fake orgasm								
Yes	114	26.4	129	33.1	243	29.6	4.4	0.036*
No	318	73.6	261	66.9	579	70.4		

Table (2) Continue

Who is supposed to allude for sexual intercourse								
Woman	3	0.7	0	0.0	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		
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 sexual activity	341	78.9	73	18.7	414	50.4		
There is a relation between size of a man's penis and size of his hand								
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 are no relation	389	90.0	217	55.6	606	73.7		
The stronger the erection the more orgasm a woman can obtain								
Yes	341	78.9	293	75.1	634	77.1	1.68	0.19 (NS)
No	91	21.1	97	24.9	188	22.9		
Man does not care about passion and he is able to practice sex with any woman								
Yes	299	69.2	234	60.0	533	64.8	7.63	0.006*
No	133	30.8	156	40.0	289	35.2		
Oral sex practice (overlapped)								
It is religiously forbidden	20	4.6	121	31.0	141	17.2		
It is not forbidden	324	75.0	220	56.4	544	66.2		
Cunnilingus is OK	163	37.7	47	12.1	210	25.5		
Fellatio is OK	97	22.4	53	13.6	150	18.2		
Anal sex is harmful								
Yes	399	92.4	300	76.9	699	85.0	38.39	<0.001**
No	33	7.6	90	23.1	123	15.0		
Oral sex can transmit sexually transmitted infections								
Yes	311	72.0	151	38.7	462	56.2	92.18	<0.001**
No	121	28.0	239	61.3	360	43.8		
A man can engage in a sexual intercourse with a woman whom he is not attracted to								
Yes	268	62.0	225	57.7	493	60.0	1.61	0.20 (NS)
No	164	38.0	165	42.3	329	40.0		
Genital cutting protects women from sexual arousal								
Yes of course	31	7.2	174	44.6	205	24.9	169.2	<0.001**
Yes, in some cases	162	37.5	125	32.1	287	34.9		
No, it does not	239	55.3	91	23.3	330	40.1		
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). *significant difference (p<0.05). **NS:non-significant difference (p>0.05).

Table (3) Food that affects sexual desire for the studied groups.

Variable	Medical group (234)		Non-medical group (290)		Total (n= 822)		X ² Test	P – Value
	n	%	n	%	n	%		
Food that increases sexual desire (485)								
Fatty food	14	6.0	34	13.5	48	9.9	25.38	<0.001**
Seafood	202	86.3	173	68.9	375	77.3		
Dessert food	9	3.8	9	3.6	18	3.7		
Other foods	9	3.8	35	13.9	44	9.1		
Food that decreases sexual desire (39)								
Fatty food	0	0.0	18	46.2	18	46.2	-	-
Seafood	0	0.0	7	17.9	7	17.9		

Table (3) Continue

Dessert food	0	0.0	12	30.8	12	30.8
Other foods	0	0.0	2	5.1	2	5.1

**:highly significant difference (p<0.001).

Table (4) The reason for man to allude for sexual intercourse according to the studied groups.

Variable	Medical group (n=123)		Non-medical group (n=301)		Total (n= 424)		X ² Test	P – Value
	n	%	n	%	n	%		
The pride of women prevents them	20	16.3	119	39.5	139	32.8	30.84	<0.001**
Because it is a woman's belief that the man should start	68	55.3	139	46.2	207	48.8		
So he does not think that she is a shameless woman	23	18.7	37	12.3	60	14.2		
Other reasons	12	9.8	6	2.0	18	4.2		

**:highly significant difference (p<0.001).

Regarding the effect of food on sexual desire, our results show that 485 women (59.1%) believe that food increases sexual desire and 77.3% of them suggest that seafood is responsible for that action. On the other hand, only 39 women (4.7%) believe that food decreases sexual desire and 46.2% of them suggest that fatty food is responsible for that action. In this study, the relation between the two groups and type of food that increases the sexual desire was found

to have a statistically highly significant correlation Table (3).

According to our study, 424 women (51.6%) of participants agreed that man is supposed to allude for sexual intercourse and 48.8% of them said that it is a woman's believe that the man should start. In this study, the relation between the two groups and the reason of why the man is supposed to allude for sexual intercourse was found to have a statistically highly significant correlation Table (4).

Relations between results

I-Effect of age on sexual myths

Table (5) Correlation between different age groups and sexual myths believed by the studied groups.

Variables	Age (n= 822)										X ² Test	P – Value
	<20 (n= 17)		20-29 (n= 227)		30-39 (n=440)		40-49 (n= 67)		≥50 (n= 71)			
	n	%	n	%	n	%	n	%	n	%		
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	0.0	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 desire is lost after menopause												
Yes	15	88.2	108	47.6	195	44.3	39	58.2	52	73.2	33.28	<0.001**
No	2	11.8	119	52.4	245	55.7	28	41.8	19	26.8		
Men can have sex any time												
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		
It is not necessary to caress man’s penis to prepare him for sex												
Yes	13	76.5	128	56.4	209	47.5	37	55.2	39	54.9	9.91	0.042*
No	4	23.5	99	43.6	231	52.5	30	44.8	32	45.1		
Food affects sexual desire												
Yes, it increases	10	58.8	123	54.2	226	51.4	60	89.6	67	94.4	93.16	<0.001**
Yes, it decreases	2	11.8	21	9.3	14	3.2	0	0.0	2	2.8		
No	5	29.4	83	36.6	200	45.5	7	10.4	2	2.8		
Hairy men have sexual powers more than smooth men												
Yes	15	88.2	68	30.0	108	24.5	31	46.3	46	64.8	76.84	<0.001**
Not necessary	2	11.8	159	70.0	332	75.5	36	53.7	25	35.2		
Man can fake orgasm												

Table (5) Continue

Yes	13	76.5	71	31.3	131	29.8	25	37.3	3	4.2	42.12	<0.001**
No	4	23.5	156	68.7	309	70.2	42	62.7	68	95.8		
Who is supposed to allude for sexual intercourse												
The woman	0	0.0	1	0.4	2	0.5	0	0.0	0	0.0	71.46	<0.001**
The man	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		
Sexual activity stops after the age of												
40	7	41.2	0	0.0	18	4.1	0	0.0	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	0.0	61	26.9	75	17.0	40	59.7	30	42.3		
No age for stopping sexual activity	6	35.3	126	55.5	268	60.9	11	16.4	3	4.2		
There is a relation between size of a man's penis and size of his hand												
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		
The stronger the erection the more orgasm a woman can obtain												
Yes	11	64.7	169	74.4	356	80.9	41	61.2	57	80.3	16.02	0.003*
No	6	35.3	58	25.6	84	19.1	26	38.8	14	19.7		
The man does not care about passion and he is able to practice sex with any woman												
Yes	13	76.5	132	58.1	284	64.5	44	65.7	60	84.5	17.55	0.002*
No	4	23.5	95	41.9	156	35.5	23	34.3	11	15.5		
Oral sex practice (overlap)												
It is religiously forbidden	9	52.9	23	10.1	59	13.4	25	37.3	25	35.2		
It is not forbidden	4	23.5	165	72.7	302	68.6	41	61.5	32	45.1		
Cunnilingus is OK	4	23.5	62	27.3	133	30.2	4	6.0	7	9.9		
Fellatio is OK	2	11.8	33	14.5	99	22.5	2	3.0	14	19.8		
Anal sex is harmful												
Yes	11	64.7	177	78.0	405	92.0	46	68.7	60	84.5	45.55	<0.001**
No	6	35.3	50	22.0	35	8.0	21	31.3	11	15.5		
Oral sex can transmit sexually transmitted infections												
Yes	4	23.5	115	50.7	259	58.9	39	58.2	45	63.4	13.07	0.011*
No	13	76.5	112	49.3	181	41.1	28	41.8	26	36.6		
A man can engage in a sexual intercourse with a woman whom he is not attracted to												
Yes	11	64.7	145	63.9	253	57.5	32	47.8	52	73.2	12.09	0.017*
No	6	35.3	82	36.1	187	42.5	35	52.2	19	26.8		
Genital cutting protects women from sexual arousal												
Yes of course	7	41.2	70	30.8	61	13.9	27	40.3	40	56.3	95.78	<0.001**
Yes, in some cases	4	23.5	84	37.0	155	35.2	21	31.3	23	32.4		
No, it does not	6	35.3	73	32.2	224	50.9	19	28.4	8	11.3		
Masturbation is harmful												
Yes	9	52.9	185	81.5	341	77.5	62	92.5	67	94.4	26.02	<0.001**
No	8	47.1	42	18.5	99	22.5	5	7.5	4	5.6		

** : highly significant difference (p<0.001).

* : significant difference (p<0.05).

The results revealed that the age group 30-39 years that contains 440 women (53.5%) differ from the other age groups in some variables such as: 64.1% disagreed that normal frequency of intercourse is at least once daily, 67% disagreed that normal coital duration is more than 30 minutes, 55.7% disagreed that there is a loss of the sexual desire after menopause, 54.1% agreed that man can have sex any time, 52.5% said that it is necessary for the penis to be caressed to prepare before sex, 51.4% said that food may increase sexual desire, 75.5% suggest that hairy men's and smooth men's sexual power do not defer, 70.2% agreed that men can fake orgasm, 56.1% do not care who starts to allude for sexual intercourse, 60.9%

suggest that there were no age for stopping sexual activity, 82% said that there is no relation between size of man's penis and his hand, 80.9% agreed that the more strong the erection the more orgasm the woman can obtain, 64.5% agreed that the man does not care about passion and he is able to practice sex with any woman, 68.6% approved that oral sex is not forbidden, 92% agreed of the harm of anal sex, 58.9% agreed that oral sex can transmit sexually transmitted infections, 57.5% agreed that man can engage in a sexual intercourse with a woman whom he is not attracted to, 50.9% disagreed that genital cutting protects women from sexual arousal and 77.5% agreed that masturbation is harmful Table (5).

II- Effect of educational level on sexual myths

Table (6) Correlation between different educational levels groups and sexual myths believed by the studied groups.

Variables	Educational Level (n= 822)						X ² Test	P – Value
	Can Read And Write (n=77)		Finished Secondary School (n= 111)		Have A University Level (n= 634)			
	n	%	n	%	n	%		
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 desire is lost after menopause								
Yes	56	72.7	62	55.9	291	45.9	22.94	<0.001**
No	21	27.3	49	44.1	343	54.1		
Men can have sex any time								
Yes	77	100	70	63	319	50.3	72.48	<0.001**
No	0	0.0	41	37	315	49.7		
It is not necessary to caress man's penis to prepare him for sex								
Yes	63	81.8	84	75.7	279	45.3	62.33	<0.001**
No	14	18.2	27	24.3	347	54.7		
Food affects sexual desire								
Yes, it increases	66	85.7	58	52.3	362	57.1	72.13	<0.001**
Yes, it decreases	0	0.0	20	18	19	3.0		
No	11	14.3	33	29.7	253	39.9		
Hairy men have sexual powers more than smooth men								
Yes	56	72.7	55	49.6	157	24.8	88.47	<0.001**
Not necessary	21	27.3	56	50.4	477	75.2		
Man can fake orgasm								
Yes	35	45.5	28	25.2	180	28.4	10.11	0.006*
No	42	54.5	83	74.8	454	71.6		
Who is supposed to allude for sexual intercourse								
The woman	0	0.0	0	0.0	3	0.5	120.86	<0.001**
The man	77	100	83	74.8	264	41.6		
No matter who	0	0.0	28	25.2	367	57.9		
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 sexual activity	7	9.1	14	12.6	393	62.0		
There is a relation between size of a man's penis and size of his hand								
Yes, there is a relation	21	27.3	28	25.2	70	11	221.31	<0.001**
Yes, their sizes are equal	42	54.5	21	18.9	34	5.4		
No, there are no relation	14	18.2	62	55.9	530	83.6		
The stronger the erection the more orgasm a woman can obtain								
Yes	63	81.8	84	75.7	487	76.8	1.51	0.47 (NS)
No	14	18.2	27	24.3	147	23.2		
The man does not care about passion and he is able to practice sex with any woman								
Yes	70	90.9	77	69.4	386	60.9	26.39	<0.001**
No	7	9.1	34	30.6	248	39.1		
Oral sex practice (overlapped)								
It is religiously forbidden	28	36.4	42	33.9	71	8.4		
It is not forbidden	42	54.5	55	44.3	447	53.0		
Cunnilingus is OK	0	0.0	14	11.3	196	23.2		
Fellatio is OK	7	9.1	13	10.5	130	15.4		
Anal sex is harmful								
Yes	56	72.7	77	69.4	566	89.3	40.24	<0.001**
No	21	27.3	34	30.6	68	10.7		
Oral sex can transmit sexually transmitted infections								
Yes	35	45.5	28	25.2	399	62.9	60.34	<0.001**
No	42	54.5	83	74.8	235	37.1		

Table (6) Continue

Yes	42	54.5	69	62.2	382	60.3	1.38	0.50 (NS)
No	35	45.5	42	37.8	252	39.7		
Genital cutting protects women from sexual arousal								
Yes of course	28	36.4	56	50.9	121	18.7	77.99	<0.001**
Yes, in some cases	35	45.5	34	30.7	218	34.4		
No, it does not	14	18.1	21	18.4	295	46.8		
Masturbation is harmful								
Yes	70	90.9	84	75.7	510	80.4	6.82	0.033*
No	7	9.1	27	24.3	124	19.6		

** : highly significant difference (p<0.001).

NS: non-significant difference (p>0.05).

*: significant difference (p<0.05).

The results revealed that among the women who had a university degree 634 women (76.6%) have the highest percentage of some categories: 63.6% disagreed that normal frequency of intercourse is at least once daily, 71.6% disagreed that normal coital duration is more than 30 minutes, 54.3% disagreed that there is a loss of the sexual desire after menopause, 50.2% agreed that man can have sex any time, 55.7% agreed that it is necessary for the penis to be caressed to prepare before sex, 57% said that food may increase sexual desire, 75.2% suggest that hairy men's and smooth men's sexual powers do not differ, 71.6% disagreed that men can fake orgasm, 57.9% said that no matter who starts to allude for sexual intercourse, 62.1% suggest that there was no age for

stopping sexual activity, 83.8% said that there is no relation between size of man's penis and his hand, 77% agreed that the more strong the erection the more orgasm the woman can obtain, 61% agreed that the man does not care about passion and he is able to practice sex with any woman, 70.6% approved that oral sex is not forbidden, 89.4% agreed of the harm of anal sex, 63.2% agreed that oral sex can transmit sexually transmitted infections, 60.5% agreed that man can engage in a sexual intercourse with a woman whom he is not attracted to, 46.8% disagreed that genital cutting protects women from sexual arousal and 80.3% agreed that masturbation is harmful Table (6).

III- Effect of the place of residence on sexual myths

Table (7) Correlation between different places of residence and sexual myths believed by the studied groups.

Variables	Places Of Residence (n= 822)				X ² Test	P – Value
	Rural Residence (n= 379)		Urban Residence (n= 443)			
	n	%	n	%		
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 desire is lost after menopause						
Yes	223	58.8	186	42.0	22.54	<0.001**
No	156	41.2	257	58.0		
Men can have sex any time						
Yes	254	67.0	212	47.9	30.55	<0.001**
No	125	33.0	231	52.1		
It is not necessary to caress man's penis to prepare him for sex						
Yes	236	62.3	190	42.9	30.73	<0.001**
No	143	37.7	253	57.1		
Food affects 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		
Hairy men have sexual powers more than smooth men						
Yes	181	47.8	87	19.6	73.49	<0.001**
Not necessary	198	52.2	356	80.4		

Table (7 Continue)

Man can fake orgasm						
Yes	132	34.8	111	25.1	9.37	0.002*
No	247	65.2	332	74.9		
Who is supposed to allude for sexual intercourse						
The woman	0	0.0	3	0.7	175.69	<0.001**
The man	290	76.5	134	30.2		
No matter who	89	23.5	306	69.1		
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		
There is a relation between size of a man's penis and size of his hand						
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		
The stronger the erection the more orgasm a woman can obtain						
Yes	295	77.8	339	76.5	0.20	0.66 (NS)
No	84	22.2	104	23.5		
The man does not care about passion and he is able to practice sex with any woman						
Yes	253	66.8	280	63.2	1.13	0.29 (NS)
No	126	33.2	163	36.8		
Oral sex practice (overlapped)						
It is religiously forbidden	111	29.3	30	6.8		
It is not forbidden	222	58.6	322	72.7		
Cunnilingus is OK	57	15.0	153	34.5		
Fellatio is OK	48	12.7	102	23.0		
Anal sex is harmful						
Yes	301	79.4	398	89.8	17.44	<0.001**
No	78	20.6	45	10.2		
Oral sex can transmit sexually transmitted infections						
Yes	162	42.7	300	67.7	51.76	<0.001**
No	217	57.3	143	32.3		
A man can engage in a sexual intercourse with a woman whom he is not attracted to						
Yes	219	57.8	274	61.9	1.41	0.24 (NS)
No	160	42.2	169	38.1		
Genital cutting protects women from sexual arousal						
Yes of course	165	43.5	40	9.0	135.4	<0.001**
Yes, in some cases	114	30.1	173	39.1		
No, it does not	100	26.4	230	51.9		
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).

NS: non-significant difference (p>0.05).

*: significant difference (p<0.05).

The results revealed that the women who lived in rural residence were 379 women (46.1%), while those who lived in urban residence were 443 women (53.9%) had differences in some answers. The question about normal frequency of intercourse is at least once daily, 54.1% of rural women agreed, while 67.5% of urban women disagreed. The question about normal coital duration is more than 30 minutes revealed that 60.2% of rural women agreed, while 81% of urban women disagreed. In the question about losing of the sexual desire after menopause, 58.8% of

rural women agreed, while 58% of urban women disagreed. In the question about man can have sex any time, 67% of rural women agreed, while 52.1% of urban women disagreed. In the question about the not necessary for the penis to be caressed to prepare before sex, 62.3% of rural women agreed, while 57.1% of urban women disagreed. In the question about who starts to allude for sexual intercourse, 76.5% of rural women said the man, while 69.1% of urban women said no matter who. In the question about the age for stopping sexual activity, in rural

women group 31.9% said in the 50s, 33% said in the 60s and 25.9% said that there is no age for stopping sexual activity, while 71.3% of urban women said there is no age for stopping sexual activity. In the question about oral sex practice, in rural women group 111 women (29.3%) said that it is religiously forbidden and 58.6% said it is not, while in the urban women group only 6.8% said that it is religiously

forbidden and 72.7% said it is not. In the question about oral sex can transmit sexually transmitted infections, 57.3% of rural women disagreed, while 67.7% of urban women agreed. In the question about genital cutting protects women from sexual arousal, 43.5% of rural women agreed, while 51.9% of urban women disagreed Table (7).

IV- Effect of occupation on sexual myths

Table (8) Correlation between different occupation groups and sexual myths believed by the studied groups.

Variables	Occupation (n= 822)						X ² Test	P – Value
	Student (n= 47)		Employed (n= 504)		Has No Job (n=271)			
	n	%	n	%	n	%		
Normal frequency of intercourse is at least once daily								
Yes	38	80.9	170	33.7	141	52.0	54.23	<0.001**
No	9	19.1	334	66.3	130	48.0		
Normal coital duration is >30 Min								
Yes	20	42.6	151	30.0	141	52.0	36.9	<0.001**
No	27	57.4	353	70.0	130	48.0		
Sexual desire is lost after menopause								
Yes	31	66.0	227	45.0	151	55.7	13.28	0.001**
No	16	34.0	277	55.0	120	44.3		
Men can have sex any time								
Yes	29	61.7	256	50.8	181	66.8	18.88	<0.001**
No	18	38.3	248	49.2	90	33.2		
It is not necessary to caress man's penis to prepare him for sex								
Yes	27	57.4	246	48.8	153	56.5	4.76	0.093 (NS)
No	20	42.6	258	51.2	118	43.5		
Food affects sexual desire								
Yes, it increases	40	85.1	299	59.3	147	54.2	27.58	<0.001**
Yes, it decreases	2	4.3	14	2.8	23	8.5		
No	5	10.6	191	37.9	101	37.3		
Hairy men have sexual powers more than smooth men								
Yes	24	51.1	130	25.8	114	42.1	28.97	<0.001**
Not necessary	23	48.9	374	74.2	157	57.9		
Man can fake orgasm								
Yes	34	72.3	131	26.0	78	28.8	44.47	<0.001**
No	13	27.7	373	74.0	193	71.2		
Who is supposed to allude for sexual intercourse								
The woman	0	0.0	2	0.4	1	0.4	61.14	<0.001**
The man	29	61.7	206	40.9	189	69.7		
No matter who	18	38.3	296	58.7	81	29.9		
Sexual activity stops after the age of								
40	0	0.0	11	2.2	28	10.3	116.7	<0.001**
50	18	38.3	82	16.3	63	23.2		
60	23	48.9	91	18.1	92	33.9		
No age for stopping sexual activity	6	12.8	320	63.5	88	32.5		
There is a relation between size of a man's penis and size of his hand								
Yes, there is a relation	18	38.3	52	10.3	49	18.1	120.09	<0.001**
Yes, their sizes are equal	7	14.9	21	4.2	69	25.5		
No, there are no relation	22	46.8	431	85.5	153	56.5		
The stronger the erection the more orgasm a woman can obtain								
Yes	34	72.3	386	76.6	214	79.0	1.21	0.55 (NS)
No	13	27.7	118	23.4	57	21.0		
The man does not care about passion and he is able to practice sex with any woman								
Yes	28	59.6	340	67.5	165	60.9	3.95	0.14 (NS)
No	19	40.4	164	32.5	106	39.1		
Oral sex practice								
It is religiously forbidden	11	23.4	37	7.3	93	34.3		
It is not forbidden	18	38.3	375	74.4	151	55.7		
Cunnilingus is OK	18	38.3	167	33.1	25	9.2		
Fellatio is OK	9	19.1	108	21.4	33	12.2		

Table (8) Continue

Anal sex is harmful								
Yes	33	70.2	458	90.9	208	76.8	36.22	<0.001**
No	14	29.8	46	9.1	63	23.2		
Oral sex can transmit sexually transmitted infections								
Yes	20	42.6	324	64.3	118	43.5	34.58	<0.001**
No	27	57.4	180	35.7	153	56.5		
A man can engage in a sexual intercourse with a woman whom he is not attracted to								
Yes	34	72.3	319	63.3	140	51.7	13.11	0.001**
No	13	27.7	185	36.7	131	48.3		
Genital cutting protects women from sexual arousal								
Yes of course	21	44.7	66	13.1	118	43.5	107.05	<0.001**
Yes, in some cases	11	23.4	187	37.1	89	32.8		
No, it does not	15	31.9	251	49.8	64	23.6		
Masturbation is harmful								
Yes	25	53.2	410	81.3	229	84.5	25.56	<0.001**
No	22	46.8	94	18.7	42	15.5		

** : highly significant difference (p<0.001).

NS: non-significant difference (p>0.05).

The results revealed that the group who have a job that contains 504 women (61.3%) differs from the other groups in some variables such as: 66.3% disagreed that normal frequency of intercourse is at least once daily, 70% disagreeing that normal coital duration is more than 30 minutes, 55% do not agree that there is a loss of the sexual desire after menopause, 50.8% agreed that man can have sex any time, 51.2% agreed that it is necessary for the penis to be caressed to prepare before sex, 59.3% agreed that food may increase sexual desire, 74.2% suggest that hairy men's and smooth men's sexual power do not defer, 74% disagreed that men can fake orgasm, 58.7% agreed that no matter who starts to allude for sexual intercourse, 63.5% suggest that there was no age for stopping sexual activity, 85.5% said that there is no relation between size of man's penis and his hand, 76.6% agreed that the more strong the erection the more orgasm the woman can obtain, 67.5% agreed that the man does not care about passion and he is able to practice sex with any woman, 74.4% approved that oral sex is not forbidden, 90.9% agreed of the harm of anal sex, 64.3% agreed that oral sex can transmit sexually transmitted infections, 63.3% agreed that man can engage in a sexual intercourse with a woman whom he is not attracted to, 49.8% disagreed that genital cutting protects women from sexual arousal and 81.3% agreed that masturbation is harmful Table (8).

5. Discussion

We are all victims of swallowing a myth or two during some point of our lives; nobody get all the right information and sometimes-early information sounded right until we learned it was actually quite inaccurate [25]. Participants were asked if the normal coital frequency is at least once daily, the commonest answer was to disagree with that (57.5%). Between groups, 70.4% of the medical group disagreed, while 43.3percentage of the non-medical group disagreed. The results were in agreement with Montgomery, who said it could range from twice a week to once a

month, while Younis et al., stated that the commonest coital frequency was two to three times per week [5,26]. It was surprising that 128 doctors (29.6%) believed that the normal frequency of sexual intercourse is at least once per day, and these results may be due to lack of sexual awareness not only between ordinary people but also among doctors. About normal coital duration more than half hour, 62% of the participants disagreed. Between groups, 80.6% of the medical group disagreed, while 41.5% of the non-medical group disagreed with that statement. The results of the medical group were in agreement with Corty and Guardiani, who reported that vaginal sex lasts from three to thirteen minutes, while Waldinger et al., found that the overall median value for coital duration was 5.4 minutes but with differences between countries [27,28].

Results of rural women (46.1%) was not dependent on what happens in their normal lives, but rather depended on what they believe to be true, so 60.2% of them believe that coital period lasts more than thirty minutes and 54.1% of them believed that normal frequency of intercourse should happen at least once a day. They believe that there is something wrong with their spouses and this was a result of the wrong sexual beliefs.

Results was 50.2% of all participants disagreed of loss sexual desire after menopause. Between groups, 59.5% of the medical group disagreed, while 40% of the non-medical group disagreed. The results of the medical group were in agreement with Woods et al., who reported that women experienced sexual desire during menopausal stages [29]. On the contrary, the medical group's results were in disagreement with Thornton et al., who said that age-related decline in sexual function may significantly reduce quality of life, where sexual dysfunction can result from multiple etiologies including psychosocial factors, medication side effects, vulvovaginal atrophy, chronic illness or hypoactive sexual desire disorder [30].

The men ability to have sex any time, 43.3% of all participants disagreed. Between groups, 55.3% of the

medical group disagreed, while 30% of the non-medical group disagreed. The results of the medical group came in agreement with Mokarami et al., who concluded that job stress, lack of clear job roles and high job demands could affect the sexual function of male nurses and Bekhbat and Neigh, said that stress can cause men to have a busy, frazzled mind and distract them from wanting sex or being present during sex and it can also influence mood, leading to anxiety and depression, which can diminish libido in their own right [31,32].

Surprisingly 193 doctors(44.7%) from the medical group believed that men could have sex at any time, due to that many stereotypes portray men as sex-obsessed machines, where books, television shows and movies often feature characters and plot points that assume men are crazy about sex. It was noticed that 100% of women who can only read and write thought that men are sex machines, while 50.3% of university degree women believed the same, which may reflect effect of education on the participants' beliefs.

About importance of caressing man's penis to prepare him for sex, 51.8% of all participants said that it is not necessary. Between groups, 59.3% of the medical group disagreed, while 35.9% of the non-medical group disagreed. The results of the medical group were found to be in agreement with Paterson et al., who approved that preparation to intercourse could lead to longer sex and better orgasms even during solo sex [33].

Surprisingly, 176 doctors of the medical group, (40.7%) thought that man's penis did not need to be caressed to be prepared for sex and the reason may be the books, television shows, and movies, which portray men as sex machines. Participants who said it was not necessary to caress man's penis to prepare him for sex, where 45.3% of women who obtained university degrees, 81.8% of women who only can read and write and 75.7% of women who had finished their secondary schools; we found that the higher education obtained, the fewer myths to be found.

About food effect on sexual desire; there were 59.1% of all participants said that it could cause an increase in sexual drive, while 36.1% said that it has no effect. Between groups, there was a difference in the results of medical group, where 54.4% of women said that food could increase sexual drive, 86.3% of them chose seafood as the biggest enhancer, and 45.6% of the medical group said that food has no effect on sexual drive. But, the results of non-medical group showed that 64.4% said that food could increase sexual drive and 77.3% of them selected seafood as the biggest enhancer for the sexual drive, while 10% of the non-medical group said it decreases sexual drive and 46.2% of them referred to fatty food as diminisher. Therefore, the results of both groups were in agreement with Gaskins et al., who concluded that greater man and women seafood intake was associated with a higher sexual intercourse frequency

and fecundity among a large prospective cohort of couples [34]. On the other hand, they were in disagreement with Finniss et al., who said that this is a placebo effect, even when people know they are not real [35].

Regarding the idea that hairy men have sexual powers more than smooth men the results showed that 67.4% of women disagreed; 353 women of them (81.7%) were from the medical group, while about a half (51.5%) of the non-medical group said the same. These results were in disagreement with Gades et al., who said that more hair means more testosterone and more testosterone means more sex drive, more erectile function and more sexual performance [36]. Winkler and Christiansen found that males with more body hair had more estradiol in their blood and thus having more feminine hormonal levels than less hairy men. Which mean that hairy men do not have sexual powers more than smooth men [37].

The men ability to fake orgasm showed, 70.4% of all participants reported disbelief of its occurrence. Between groups, 73.6% of medical group disagreed, while 66.9% of non-medical group also disagreed. These results were in disagreement with Muehlenhard and Shippee, who found that 25% of surveyed men have faked an orgasm [38].

About who is supposed to allude for sexual intercourse?, it was answered by half of all participants as man and the other half answered no matter who. Between groups, 70.8% of medical group said no matter who starts, while 77.2% of non-medical group said man must be the starter. The results of the medical group were in agreement with Vannier and O'Sullivan, who said that the more frequently either partner initiates sex, the more pleased they both tend to be with each other [39]. However, the non-medical group results were in agreement with Wusu and Isiugo-Abanihe, who stated that the cultural climate of the society preconditions women's mind to always wait for men to initiate sex [40].

About stopping of sexual activity after specific age, the result was that 50.4% of all women said there were no age for stopping sexual activity. Between groups, 78.9% of the medical group said there were no age for stopping sexual activities and only 18.7% of women of the non-medical group said the same, while 39.7% of women of the non-medical group said that sexual activity stops at age of 60s and 32.6% of women of the same group said that it stops at age of 50s. The results of the medical group were in agreement with Lindau et al., who said that a substantial number of women engage in vaginal intercourse, oral sex and masturbation even in the eighth and ninth decades of life and Gray, said that all natural sexual functions change as an individual ages, but they do not disappear [41,42]. Gurvinder et al., said that interest and involvement in both sexual and non-sexual activities was significantly less by women and most cultures still believe that older women were

sexually retired [43]. Due to the higher education obtained by this group their results were in agreement with Pfeiffer and Davis, who found that educational level is an important predictor of sexual interest, frequency and enjoyment for women [44].

On the other hand, the results of the non-medical group were in agreement with Levine, who said 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 due to earlier unhappy and unsatisfying sexual experiences [45].

In the current study, only 16.4% of women whose age group was 40-49 and 4.2% of women whose age was 50 and above said that there was no age for stopping sexual activities and these results were in agreement with Tien-Hyatt, who defined older individuals as asexual people who have lost both their interest in sex and their capacity for sexual activities [46]. In addition, 393 women (62%) from university degrees holders said there were no age for stoppage for sexual activities, which reflect that the educational level is an important predictor of sexual interest, frequency and enjoyment for women [44]. In the current study, 320 women who have a job (63.5%) thought that there were no age for sexual activity stoppage, while only 88 non-employed women (32.5%) selected the same statement.

Our results also showed that 73.7% of all women agreed that there was no relation between the size of a man's penis and size of his hand. These results were in disagreement with Dean and Sharpe, who found that the finger ratio (the second to fourth digit ratio) seems to correspond with penis length and Park et al., saw this same connection in newborns [47,48]. Shalaby et al., confirmed the same results with the finger ratio [49]. On the contrary, these results were in agreement with Shah and Christopher, who found absolutely no correlation between a man's penis and the size of his hand or his shoes and Siminoski and Bain, found a very weak link between penis length and man's height, which was definitely not certain [50,51].

In the current study, 64.8% of all women believe that men practice sex with any woman with no passion. 69.2% of medical group and 60% of non-medical group suggest that men do not care about passion in sexual intercourse. These results were in disagreement with Janssen et al., who reported that emotions in men are linked to an increase in sexual interaction and Burleson et al., said that men who have an increase of positive feelings and higher positive mood than usual, have more interest and engagement in sexual activities [52,53]. Also, Mitchell et al., support that positive affect can facilitate subjective and genital sexual response in men, while negative emotions can decrease sexual desire and arousal and can lead to sexual dysfunctions [54].

By asking about the opinion of oral sex, giving the ability to choose more than one option, 66.2% of all women said that oral sex is not religiously forbidden, which came in agreement with Haddad, who stated that there is no wrong in doing so, but if sucking leads to releasing semen, then it is Makrooh, but there is no decisive evidence to forbid it [55].

In the present study 85% of participants agreed on the harm of anal sex. Between groups, 92.4% of medical group and 76.9% of non-medical group accepted the harm of anal sex. These results came in agreement with Assi et al., who said that anal sex increases the risk of bacterial infection and abscesses, can irritate existing hemorrhoids and may form a fistula [56]. Chow et al., said that anal sex is the highest-risk sexual behavior for HIV transmission in comparison with other forms of sex and found that using saliva as a lubricant is a risk factor for gonorrhea [57]. Markland et al., found that the rates of fecal incontinence were slightly higher among men and women who had anal intercourse in comparison with those who had not [58].

In our study, 56.2% of all participants agreed that oral sex can transmit sexually transmitted infections. Between groups, 72% of medical group agreed that oral sex can transmit STIs, while 38.7% of non-medical group agreed on the same statement. The results of the medical group were in agreement with Zwar et al., who said that oral sex carries a significant risk of catching or passing on STIs [59].

In our study, 76.5% of women of the group of age 20 and younger said that oral sex could not transmit STIs. Also, 62.9% of women with university degrees agreed that oral sex could transmit STIs, while 25.2% of women who finished the secondary school and 45.5% of women who can read and write agreed on the statement. Being employed also had some effect on the participants' answers as 324 employed women, (64.3%) agreed that oral sex can transmit STIs, in comparison to 118 non-employed women (43.5%) and 20 students (42.6%), who also agreed on the same statement. The reason of all differences between all groups may be due to the lack of oral sex awareness and education.

In the current study, 60% of all women agreed that men could engage in sex with any woman with no physical attraction. These results were in disagreement with Gangestad, who found that preferences for physical attractiveness leads to predictions about the nature of trade-offs that individuals make between mates' physical attractiveness and investment potential [60]. Townsend and Levy, found that men did not insist that sexual intercourse occurs in relationships that involve affection and marital potential and did not place more emphasis on partners' socioeconomic status, while physical attractiveness may often outweigh that and Wiederman and Allgeier, found that men place a greater emphasis on physical attractiveness in a potential mate [61,62].

Given the prevalence of female genital cutting in Egypt, when asked about its ability to protect women from sexual arousal, 40.1% of all women disagreed. Between groups, 55.3% of medical group disagreed that FGC protects women from sexual arousal, while 23.3% of non-medical group disagreed on the same statement. The results of the medical group were in agreement with Obaid et al, whose results showed no significant differences in the Female Sexual Function Index between cut and uncut women in the domains of desire, arousal, orgasm, satisfaction and pain during sexual intercourse [63]. On the other hand, the results of the medical group were in disagreement with El-Defrawi et al., who proved that women with FGC have higher rates of dyspareunia and lack of sexual desire [64].

In the current study, 295 university degrees holder women (46.8%) disagreed of the ability of FGC to decrease sexual arousal, while only 14 women who can only read and write (18.1%) and 21 women who finished secondary school (18.4%) disagreed. Obtaining a job also had some effect as 49.8% of the employed women disagreed in comparison to 23.6% of non-employed women who also disagreed on the statement. These results were in agreement with Van Rossem et al., who found that literate, better-educated and employed women are more likely to oppose FGC [65]. Dalal et al., found that urban residents, educated women and literate women were more often favored the discontinuation of FGC than rural residents, uneducated/low-educated and illiterate peers, respectively [66]. About the harm of masturbation, 80.8% of all women said it is harmful, which came in disagreement with Robinson, whose results showed that masturbation is a natural and harmless expression of sexuality for both men and women and does not cause any physical injury or harm to the body and can be performed in moderation throughout a person's lifetime as a part of normal sexual behavior and can actually improve sexual health and relationships by exploring the body, which enable individuals to determine what is erotically pleasing to them and can share this with their partners [67]. There was absolute support for the belief that masturbation was harmful due to the culture of our society and religious opposition of masturbation. The rural resident women had more misconceptions more than the urban women did, which reflect the effect of residence on the myth prevalence, as despite the development and scientific and technological progress in the world, many people still believe in these myths and recognize them, especially the elderly and that this is a kind of ideology that was born with them and has grown with them also over the years and years that made them pass it on to their children and their children's children [68].

6. Conclusion

From results of the present study we can conclude that participants had high numbers of wrong beliefs

about the ability of men to fake orgasm, the relation between the size of a man's penis and size of his hand, the importance of passion for men to practice sexual intercourse, the importance of physical attraction for men to practice sexual intercourse and the harm of masturbation. We also found that participants had moderate numbers of wrong beliefs about the normal coital frequency, the normal coital duration, losing of sexual desire after menopause, the ability of men to practice sex any time, the importance of caressing man's penis for preparing him for sex, the responsibility of whom for alluding for sexual intercourse, the age for stopping sexual activity, the taboo of oral sex, the ability of oral sex to transmit STIs, the ability of FGC to decrease sexual arousal. In addition, we found that participants had low numbers of wrong beliefs about the harm of anal sex.

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