

Does Ejaculation Increase Female Sexual Orgasm And Satisfaction?

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Abstract

Although links between ejaculatory control or intravaginal ejaculatory latency time and female sexual function have been reported in the past, until recently little research or attention has focused on the effect of ejaculation on female satisfaction and orgasm. To assess the importance of ejaculation for female sexual function and satisfaction. This was a cross-sectional study including 221 sexually active married women aged 20-59 years. A self-report questionnaire designed by the investigators was used. 58.4% of women considered it very important that the partner ejaculates during intercourse. 64.3% of women preferred that the partner ejaculates before they reach orgasm, whereas for 24% this did not matter. 58.4% of women stated that they experienced a more intense orgasm when their partner ejaculated during vaginal intercourse. 21% of women regarded the quantity of ejaculate volume as an expression of their own sexual attractiveness.

Keywords: Ejaculation, Female Sexual Dysfunction, Partner Distress, Ejaculation Timing and condom, Benha.

1. Introduction

Male ejaculatory dysfunctions can seriously affect a man's psychological and physical wellbeing, regularly coming about in uplifted trouble, diminished fearlessness, expanded danger of mental issue, and decreased sexual action [1].

In a study by Brock et al., men worried about ejaculatory brokenness influence adversely on their accomplices and demonstrated a diminished recurrence of sexual action contrasted and sound subjects. During sex, men with untimely discharge (PE) referenced that they were engrossed with musings in regards to their control of discharge and this prompts sexual brokenness, for example, decline in want, excitement and orgasmic brokenness and relationship disappointment of their female accomplices and now and again in any event, prompting resulting relationship separates [2].

Two investigations surveying fulfillment with sex, individual pain, and relational troubles in sound female accomplices of men with and without PE both found that female accomplices of men with PE detailed increasingly relational challenges, were less happy with sex, and more by and by upset than female accomplices of non-PE men. What's more, results showed that ladies with a PE accomplice had essentially progressively sexual issues contrasted and ladies with sound accomplices [3].

In an examination by Hobbs et al., the greater part of ladies with a PE accomplice showed orgasmic issues, while just 23.9% of the benchmark group griped of orgasmic rarity [4].

Truth be told, not many examinations have investigated the idea of the connection between male discharge and female sexuality, for example, the particular outcomes of PE that might impact female sexual fulfillment and climax capacity. In an examination directed on 1,463 females with a PE accomplice were interrogated concerning their impression of PE and which explicit viewpoints they saw as risky. As anyone might expect, a climax subordinate impact could be watched, with ladies with rare climaxes thinking about adaptability (ie, inventiveness in bed) more significant than the length of intercourse, while ladies with a high climax capacity wanted for a more drawn out term of intercourse and were progressively

bothered by their accomplice's ejaculatory brokenness [5].

At last in spite of proof demonstrating outcomes of ejaculatory brokenness on the two accomplices, just constrained information exists of how significant male discharge and its different qualities, for example, discharge volume and power may be for female sexual capacity and fulfillment [5].

2. Aim of the work

This study aims to assess the importance of intravaginal ejaculation and its effect on female orgasm and satisfaction.

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 221 women attending the dermatology and andrology outpatient clinic in General Zagazig Hospital in El-Sharqiya governorate. The tool used was a self-report questionnaire, 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 sexually active married women. Avoidance criteria were illiterate, less than 18 years women. The current study was conducted as a cross-sectional study. Results were collected, tabulated, statistically analyzed by computer program SPSS version 22. Two types of statistics were done descriptive: e.g. number and percent (%), analytical: Chi-Squared (χ^2) test was used to calculate difference between qualitative variables. 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

This study was conducted on 221 married women to assess the importance of intravaginal ejaculation and its effect on female orgasm and satisfaction.

Table (1) shows that 48.9% of the studied group belonged to age group from 30 to 39 years, only 7.7% of them were above 50 years, 55.7% of the studied group were urban residents, 64.7% of them were university educated, despite that only 28.5% were working.

Table (2) shows that the commonest coital frequency was once/week (45.2%), 72.4% of them preferred vaginal intercourse, 45.7% can reach orgasm in more than 50% of sexual encounters. Inability to have orgasm was most commonly due to work tensions or problems (29.4%). Dyspareunia was a complaint of 40.7% of participants.

Table (1) Demographic data of the studied groups.

Item	Studied group (n=220)	
	n	%
Age (years)		
<20	6	2.7
20-29	56	25.3
30-39	108	48.9
40-49	34	15.4
≥ 50	17	7.7
Residence		
Rural	98	44.3
Urban	123	55.7
Education level		
Read and write	40	18.1
Secondary education	38	17.2
University education	143	64.7
Occupation		
No	158	71.5
Yes	63	28.5

Table (2) Sexual activity and different aspects of orgasm among the studied women (n=221).

Variable	Studied group (n=221)	
	n	%
How often do you have sex		
Daily	9	4.1
2-3 times per week	53	24.0
Once per week	100	45.2
1-2 per month	35	15.8
< Once per month	24	10.9
*Preferred sexual activity		
Kissing	66	29.9
Caressing	97	43.9
Vaginal intercourse	160	72.4
Oral sex	2	0.9
Frequency of reaching orgasm:		
Almost all times of sexual encounters	79	35.7
<50% of times of sexual encounters	31	14.0
>50% of times of sexual encounters	101	45.7
Rare or never	10	4.5
Causes of inability to reach orgasm		
No sufficient time foreplay	41	18.6
Feeling pain	64	29.0
Feeling tired from work	51	23.1
Work tensions and problems	65	29.4
Pain with sexual activity		
Almost all times of sexual encounters	12	5.4

<50% of times of sexual encounters	90	40.7
>50% of times of sexual encounters	39	17.6
Rare or never	80	36.2

*More than one choice is allowed

Table (3) Different aspects of ejaculation among the studied women (n=221).

Variable	Studied group (n=221)	
	N	%
Do you generally prefer your husband ejaculates before you reach orgasm?		
No	26	11.8
yes	142	64.3
Doesn't matter	53	24.0
How soon after penetration does your husband ejaculate?		
Very rapid (within 1 minute)	13	5.9
Rapid (within 5 minutes)	90	40.7
Normally (within 10-15 minutes)	91	41.2
Slowly (more than 15 minutes)	27	12.2
Do you experience more intense orgasm when your husband ejaculates during vaginal intercourse?		
Yes	129	58.4
No	18	8.1
Doesn't matter	57	25.8
I don't notice that he ejaculates	17	7.7
Are you satisfied with your sexual life if your husband ejaculates in condom?		
Very satisfied	27	12.2
Moderately satisfied	35	15.8
Equally satisfied and dissatisfied	29	13.1
Moderately dissatisfied	66	29.9
Unsatisfied	64	29.0
Rate of sexual desire or interest with ejaculation in condom		
Very high	12	5.4
High	49	22.2
Moderate	85	38.5
Low	75	33.9
Do you perceive the quantity of your husbands ejaculate as an expression of your own sexual attractiveness?		
Completely agree	11	5.0
Agree	35	15.8
Neither agree nor disagree	25	11.3
Disagree	104	47.1
Completely disagree	46	20.8

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

Variable	Studied group (n=221)	
	n	%
Does your husband use male condom during your sexual relationship?		
Yes	77	34.8
No	144	65.2
	(n=77)	
the indication of condom use:		
Contraception	55	71.4
Treatment of premature ejaculation	9	11.7
Prevention of STIs	8	10.4
Other	5	6.5

Table (3) shows that 2/3 of the studied women (64.3%) prefer her husband ejaculates before reaching orgasm, 41.2% of them reported that their husbands ejaculate normally (within 10-15 minutes) after penetration, 58.4% experience more intense orgasm when their husbands ejaculate during vaginal intercourse,

29% of the studied group were unsatisfied with their sexual life if husbands ejaculate in condom.

Table (4) shows that 34.8% of husbands use male condom during sexual relationship and the condom is used as a method of contraception in 71.4% or a treatment of premature ejaculation and prevention of STIs in 11.7% and 10.4% respectively.

Relations between results

Table (5) Age distribution of the studied sample according to some orgasmic aspects.

Variables	Age (n=221)										P - value
	<20 (n=6)		20-29 (n=56)		30-39 (n=108)		40-49 (n=34)		≥50 (n=17)		
	n	%	n	%	N	%	n	%	n	%	
Frequency of reaching orgasm:											
Almost all times of sexual encounters	2	33.3	17	30.4	27	25.0	23	67.6	10	58.8	0.000*
<50% of times of sexual encounters	0	0.0	9	16.1	9	8.3	8	23.5	5	29.4	
>50% of times of sexual encounters	4	66.7	27	48.2	67	62.0	3	8.8	0	0.0	
Rare or never	0	0.0	3	5.4	5	4.6	0	0.0	2	11.8	
Causes of inability to reach orgasm											
No sufficient time foreplay	4	66.7	11	19.6	23	21.3	0	0.0	3	17.6	0.000*
Feeling pain	2	33.3	23	41.1	21	19.4	12	35.3	6	35.3	
Feeling tired from work	0	0.0	12	21.4	37	34.3	2	5.9	0	0.0	
Work tensions and problems	0	0.0	10	17.9	27	25.0	20	58.8	8	47.1	
Pain with sexual activity											
Almost all times of sexual encounters	0	0.0	0	0.0	10	9.3	2	5.9	0	0.0	0.000*
<50% of times of sexual encounters	2	33.3	32	57.1	49	45.4	2	5.9	5	29.4	
>50% of times of sexual encounters	0	0.0	7	12.5	20	18.5	12	35.3	0	0.0	
Rare or never	4	66.7	17	30.4	29	26.9	18	52.9	12	70.6	

Chi-square test

*p-value <0.05 statistical significance.

Table (5) shows that there was a statistically significant difference in frequency of inability to reach orgasm which increases with aging. Short time for

foreplay decreases in frequency with age. Dyspareunia frequency was noticed to decrease with advance in age.

Table (6) Age distribution of the studied sample according to sexual activity.

Variables	Age (n=221)										p - value
	<20 (n=6)		20-29 (n=56)		30-39 (n=108)		40-49 (n=34)		≥50 (n=17)		
	n	%	n	%	n	%	n	%	n	%	
How often do you have sex											
Daily	4	66.7	5	8.9	0	0.0	0	0.0	0	0.0	0.000*
2-3 times per week	2	33.3	10	17.9	39	36.1	0	0.0	2	11.8	
Once per week	0	0.0	36	64.3	53	49.1	4	11.8	7	41.2	
1-2 per month	0	0.0	3	5.4	12	11.1	20	58.8	0	0.0	
< Once per month	0	0.0	2	3.6	4	3.7	10	29.4	8	47.1	
‡Preferred sexual activity											
Kissing	2	33.3	17	30.4	47	43.5	0	0.0	0	0.0	0.000*
Caressing	6	100.0	23	41.1	60	55.6	3	8.8	5	29.4	
Vaginal intercourse	6	100.0	44	78.6	65	60.2	31	91.2	14	82.4	0.001*
Oral sex	0	0.0	2	3.6	0	0.0	0	0.0	0	0.0	0.219

‡More than one choice is allowed

*p-value <0.05 statistical significance

Table (6) shows that having sex was more frequent with younger age groups than older age, kissing and caressing were preferred in younger age groups, while

vaginal intercourse was the preferred sexual activity in almost all age groups, with highly significant difference.

Table (7) Orgasm in relation to ejaculation in condom.

Variable	Ejaculation in condom				χ^2	p-value
	Yes (n=77)		No (n=144)			
	n	%	n	%		
Frequency of reaching orgasm:						
Almost all times of sexual encounters	20	26.0	59	41.0	10.41	0.015*
<50% of times of sexual encounters	7	9.1	24	16.7		
>50% of times of sexual encounters	45	58.4	56	38.9		
Rare or never	5	6.5	5	3.5		
Causes of inability to reach orgasm						
No sufficient time foreplay	22	28.6	19	13.2	18.17	0.000*
Feeling pain	19	24.7	45	31.3		
Feeling tired from work	24	31.2	27	18.8		
Work tensions and problems	12	15.6	53	36.8		
Pain with sexual activity						
Almost all times of sexual encounters	6	7.8	6	4.2	3.50	0.321
<50% of times of sexual encounters	27	35.1	63	43.8		
>50% of times of sexual encounters	17	22.1	22	15.3		
Rare or never	27	35.1	53	36.8		

Chi-square test

*p-value <0.05 statistical significance.

Table (7) shows that frequency of reaching orgasm was lower in women with husbands who use condom; where 26% of women with husbands who use condom reach orgasm almost all times of sexual encounters

compared to 41% of women whose husbands didn't use condom with a statistically significant difference .There was no significant difference between ejaculation in condom and pain during sexual activity.

Table (8) Sexual activity in relation to ejaculation in condom.

Variable	Ejaculation in condom				χ^2	p-value
	Yes (n=77)		No (n=144)			
	n	%	n	%		
How often do you have sex						
Daily	2	2.6	7	4.9	21.75	0.000*
2-3 times per week	30	39.0	23	16.0		
Once per week	36	46.8	64	44.4		
1-2 per month	5	6.5	30	20.8		
< Once per month	4	5.2	20	13.9		
Preferred sexual activity						
Kissing	22	28.6	44	30.6	0.094	0.878
Caressing	29	37.7	68	47.2	1.86	0.201
Vaginal intercourse	61	79.2	99	68.8	2.75	0.155

Chi-square test *p-value <0.05 statistical significance

Table (8) shows that there was a statistically significant difference between women whom their husbands use condom and frequency of having sex; where having sex 2-3 times per week or once per week was more common with husbands who use condom;

where 39% of women whom their husbands ejaculate in the condom have sex 2-3 times per week compared to 16% of women whom their husbands didn't use condom. There was no significant difference between ejaculation in condom and preferred sexual activity.

Table (9) Ejaculation timing in relation to ejaculation in condom.

Variable	Ejaculation in condom				χ^2	p-value
	Yes		No			
	n	%	n	%		
Do you generally prefer your husband ejaculates before you reach orgasm?						
No	4	5.2	22	15.3	6.59	0.037*
yes	57	74.0	85	59.0		
Doesn't matter	16	20.8	37	25.7		
How soon after penetration does your husband ejaculate?						
Very rapid (within 1 minute)	2	2.6	11	7.6	14.00	0.003*
Rapid (within 5 minutes)	21	27.3	69	47.9		
Normally (within 10-15 minutes)	43	55.8	48	33.3		
Slowly (more than 15 minutes)	11	14.3	16	11.1		

*p-value <0.05 statistical significance.

Table (9) shows that there was a statistically significant difference between use of condom and ejaculation timing after penetration; where normally (within 10-15 minutes) was more common with women whom their husbands use condom (55.8%) compared to 33.3% of women whom their husbands didn't use condom.

5. Discussion

The objective of the present study was to assess the effect of ejaculation on female orgasm and satisfaction. The study was conducted on 221 healthy sexually active women.

Among the members 58.4% experience increasingly serious climax when their spouses discharge during vaginal intercourse. In an investigation by Burri et al., 50.43% of ladies thought of it as significant that the accomplice discharges during intercourse and 22.6% of ladies expressed that they encountered a progressively exceptional climax when their accomplice discharged during vaginal intercourse [6]. This is fairly in concurrence with past outcomes by Burri et al., who discovered noteworthy contrasts in climax capacity of ladies according to the significance they doled out to ejaculatory control. In addition, in their investigation, ladies announcing a high climax recurrence additionally favored a more extended intercourse length and were increasingly troubled by the absence of ejaculatory control contrasted and ladies with a lower orgasmic capacity [5].

Many women find it very distressing when their male partner suffer from delayed ejaculation or the inability to ejaculate mostly because it gives them the feeling of not being desired or attractive. Also, the perception of a large ejaculation can make the women feel sexy and wanted and in contrast, a perceived smaller ejaculation Volume might negatively affect her self-esteem [6]. These finding suggest the reasons making ejaculation an important aspect for women's satisfaction and sexual functioning.

In the current study, most of participants belonged to the 30-39 years age group (48.9%) followed by the 20-29 years age group (25.3%) which means that most of the participants were in the age of sexual activity. The

current result showed that 64.7% of the participants were well educated to ensure the accuracy of the results and illiterate women were excluded to let participants fill the questionnaire themselves to ensure privacy.

As regard coital frequency, the commonest frequency was once per week (45.2%) followed by 2-3 times per week (24%) and less than once per month frequency was reported by 15.8% of the participants. These results are in disagreement with a study by Younis et al., [7]. The commonest coital frequency was 2-3 per week (64%) followed by once per month (18%) in their study on a group of Egyptian women. A less than once per month frequency was reported by 7.8% of their participants. This difference may refer to increase in life problems and work tensions.

A decline in coital frequency was observed with advance in age. The frequency of once per week declined from 64.3% in the group aged 20-29 years to 11.8% in women aged 40 years or more with a high statistically significant difference. This decline was also noticed in a study by Lindau et al., [8]. In their study women attributed this decline to partner's physical health problems, a lack of interest in sex and beliefs about aging and sexual energy. Another study by Lauman et al., [9], reported that participants said that having sex decreases by age.

Concerning orgasm only 35.7% of the participants could reach orgasm almost in each intercourse and only 4.5% of the participants never or rarely had experienced orgasm. This is in agreement with Laumann et al., and Ibrahim et al., [10-11].

It was found that the commonest cause of failure to reach orgasm was life problems and work tensions (29.4%), feeling pain (29%), feeling tired from work (23%) and no sufficient time for foreplay (18.6%). Pain and loss of interest were the main causes of failure to reach orgasm as mentioned by Abd El-Rahman et al., [12]. Younis et al., found that the commonest cause of failure to reach orgasm was being not interested (28.2%), feeling tired (23.9%), lack of time for foreplay (20.7%), pain during coitus (13.6%) and premature ejaculation of the husband (13.6%) [7].

In our study, the frequency of reaching orgasm was lower in women with husbands who use condom ; where 26% of women with husbands who use condom reach

orgasm almost all times of sexual encounters compared to 41% of women whose husbands didn't use condom with a statistically significant difference. This is in agreement with a study by Younis et al., who found that condom has a negative effect on orgasm frequency in 28% of respondents. Seventy-two percent of their participants thought that their sexual life would be better without condom use; the reason that made women reject male condoms was to have better sexual contact sensation and to be physically comfortable [13].

Thirty percent of participants were moderately dissatisfied with their sexual life if husbands ejaculate in condom. The same conclusion was reported by Bjekić et al.,. The results of their study indicated that both women and men believed that the use of condom during vaginal intercourse significantly reduced sexual pleasure and the second most frequent reason for not using a condom in their participants was the feeling that condom decreased sexual pleasure [14]. In a study by Randolph et al., both women and men rated unprotected vaginal intercourse as more pleasurable than protected vaginal sex [15].

Pleasure plays a central role in motivating human sexual activity. Consequently, any artifice that interferes with the pleasures of sex is likely to be avoided or accepted reluctantly [16-17].

Condoms interpose a mechanical barrier between sex partners, limit physical contact, reduce tactile sensation, and attenuate heat transduction, all of which reduce sexual pleasure. This reduction in pleasure is one of the main reasons people cite for decreasing condom use [18-19-20-21] this may explain the finding in our study when we asked about the rate of sexual desire or interest with ejaculation in condom where two-thirds of respondents weren't interested when their husbands intend to use condom.

In the current work 40.7% of the members had encountered torment during copulation in under half of sexual experiences and dyspareunia recurrence was seen to diminish with advance in age with measurably huge contrast. Mitchell et al., announced that difficult sex is most noteworthy in youthful women (16-24 years) and those in later midlife (55-65 years) detailing excruciating sex was emphatically connected with encountering other sexual capacity issues, vaginal dryness, nervousness and absence of happiness regarding sex. The experience of torment was additionally connected with different parts of sexual capacity (counting pain and disappointment with sexual coexistence) and sexual relationship factors [22].

In the present work 34.8% of husbands use male condom during sexual relationship. This is in agreement with a study by Kabbash et al., who conducted a study on a randomly selected sample of 2304 males aged 15-49 from four governorates in lower Egypt to assess their knowledge and attitudes towards condom use. Only 23.9% had ever used condom, mainly for contraception but 26.8% would consider using them in the future. Among the 552 participants who reported using condoms, the main reasons for condom use were for contraception (56.2%) and for prevention of STIs

(35.0%); 5.6% used them for both contraception and prevention of STIs. Only 3.3% reported using condom during menses [23].

In our study the condom is used as a method of contraception in 71.4% or a treatment of premature ejaculation and prevention of STIs in 11.7% and 10.4% respectively. The same conclusion is reported by Younis et al., study on a sample of Egyptian participants (200) whom their husbands use condom. Contraception was the most reported cause of use by most participants (76%). In their study when condoms were used for other purposes other than contraception such as oral sex (10%) or increasing sexual excitation (1.5%), pleasing spouse or even pleasing both marital sides was the main goal [13].

The low level of condom use in this study should be considered in relation to the observation that the participants life would be better without using condom and they weren't satisfied with their sexual life if their husbands ejaculate in condom.

The current study shows that there was a statistically significant difference between use of condom and ejaculation timing after penetration; where 55.8% of the participants reported that the ejaculation occurs normally (within 10- 15 minutes) when their husbands use condom compared to 33.3% of women whom their husbands didn't use condom. The same result was reported by Younis et al., where seventy-seven percent of women found that their husbands' use of condom increases coital duration. Moderate satisfaction of coitus duration with condom use was felt by 34% of these participants. Four percent of respondents used condom for treatment of premature ejaculation [13]. Philpott et al., obtained similar results in India where condom promoters experienced longer lasting, and thus more pleasurable, intercourse [24].

In the present examination when we got some information about pace of impression of the amount of discharge as a declaration of sexual allure. Among members 47.1% didn't see the amount of spouses discharge as their very own outflow sexual allure and 21% totally oppose this idea. In a comparable report by (Burri et al., 2018) just a minority of ladies considered ejaculatory qualities, for example, discharge Volume as their very own impression appeal. Nonetheless, for the individuals who did, discharge was viewed as increasingly significant for ladies who accepted that the discharge Volume mirrored their sexual engaging quality. This connection between discharge Volume and a ladies' felt engaging quality may ground on transformative senses yet additionally on subjective full of feeling reasons [6].

In our study we found that having sex was more frequent with younger age groups than older age, kissing and caressing were preferred in younger age groups, while vaginal intercourse was the preferred sexual activity in almost all age groups, with highly significant difference. This is in disagreement with a study by Sklacka and Gerymsaki,; in their examination they took a gender at whether different types of sexual movement

(genital and non-genital) were associated with fulfillment. They found that the recurrence of cozy contact was emphatically associated with both sexual and worldwide fulfillment, however types of sexual contact impactfully affected late-life fulfillment. Over half of members favored exercises that did exclude infiltration (for example kissing (55%) or nestling (54%)). This might be a direct result of changes as contact that rise during the maturing procedure [25].

As Watson et al., found, for some middle-age to more seasoned people, sex was not as pleasurable as they had trusted, so they pick different types of closeness, for example, kissing and embracing [26]. Gott and Hinchliff found, more established grown-ups who experience obstructions to being explicitly dynamic because of medical issues reprioritize the estimation of sex. In any case, keeping up physical closeness through non-genital contact seems vital to their well-being when penetrative sex is not, at this point conceivable [27].

More established grown-ups who favored 'contacting cozy body parts and entrance' had higher sexual fulfillment than those leaning toward progressively unobtrusive types of sexual contact, however there were no huge contrasts with respect to their worldwide life fulfillment between the individuals who occupied with 'kissing and nestling' and the individuals who occupied with genital sexual contact. These outcomes are promising, indicating that any type of cozy contact may improve life fulfillment in more established grown-ups, and the more continuous the personal contact, the more joyful the individual [25].

6. Conclusion

There is a significant positive relation between the partner ejaculation and female orgasm and satisfaction. Most participants experienced more intense orgasm when their partners ejaculated during intercourse.

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