Journal of Health, Medicine and Nursing
ISSN 2422-8419 An International Peer-reviewed Journal
Vol.38, 2017

Bio-Sexual Profile of Wives of Males with Sexual Dysfunction

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Abstract

Background Healthy and satisfying sexual life is an important component of overall quality of life .Aim: This study aims to assess the bio-sexual profile of wives of males with sexual dysfunction .Methods: A descriptive research design was adopted for this study. Sample: A purposive sample of 60 wives of males diagnosed with psychogenic sexual dysfunction ware recruited based on certain inclusion criteria. Setting: Data were collected from andrology and sexual health clinic at EL-Manial university hospital. Tools: Two tools were used to collect the data: structured interview schedule and female sexual profile tool. Results: findings show that the mean age of the women was 28. 73 ±5. 74 years, duration of marriage ranged from one month to 20 years with a mean of 5.77+ 5 years. Forty three point three percent had received secondary education, 58.3% were house wives, 93.3% living in urban areas. Regarding to obstetrical and gynecological profile, 33.3% had no children, 93.3% had genital mutilation, and 88.3% have regular menstrual cycle, 98.3% delivered by vaginal deliveries. In addition, 56.4 % use IUDs as a family planning methods,38.3% had complains from genital tract infection as well as,53.3% (n= 32) had sexual complains such as vaginal dryness (35%),difficulty to a achieve orgasm(25%);lack of sexual desire (21.7%) ; also, in relation to types of sexual complains among their husband ,58.3 % had erectile dysfunction,26.7% had premature ejaculation compare to 1.7% due to lack sensation during sexual practice, regarding to pattern of sexual desire among couples, the study findings reveals that 56.7% reported at least once per week, 38.3% from the study sample were moderately satisfied with sexual relation with their husbands ..Conclusion and recommendation: Wives of males with sexual dysfunction do not receive more attention as male sexual dysfunction in health care facilities in Egypt So, increasing awareness among health care providers towered the impact of male sexual dysfunction on their wives sexual relations is essential.

Key wards: male sexual dysfunction, marital relation, sexual profile, female sexual problems.

1. Introduction

A healthy and satisfying sex life is an important component of overall wellbeing for midlife women. studies have shown a strong positive association between sexual function and health-related quality of life (Holly and Rebecca,2016). Sexual problems are common estimated to affect 22–for 43% of women worldwide (Shifren, Monz, Russo, Segreti, and Johannes,2008). Sexual dysfunction is more prevalent in women (43%) than men. It is estimated that, 25%–63%of women suffer from sexual dysfunctions (Safarinejad 2006). Partner-related factors are indeed important contributors to FSD etiology. It is also plausible that temporal stability and patterns of causal relationships between specific sexual functions might differ as a function of relationship status. Previous studies suggest that partner-specific factors, such as relationship duration, and sexual compatibility, affect FSF (Witting, Santtila, Varjonen, Lern, and Johansson etal, 2008). Oats and Abraham (2010) reported that there are certain factors that can affect sexual relation such as poor relationship with the partner, ignorance about sexuality and sexual technique, a low sexual drive, and male performance anxiety. In addition, physical illnesses, the fear that sex will aggravate an existing illness, excessive alcohol use or clinical depression are also factors that can impact sexual relationship. In addition, It is difficult to diagnose psychological and interpersonal dimensions of sexual function and dysfunction in women because their partners seek medical help for their sexual disorders at last stages. Sexual relation of the couples is affected due to lack of awareness of sexual function and dysfunction dimensions. Moreover, they suggested that integration and discussing sexual issues among both couples if any disorder happened (Althof and Needle, 2013).

Moreover, sexual dysfunction is still a taboo subject in many countries including Egypt (Hassanin, Helmy, Fathalla, and Shahin, 2010). Due to cultural and religious values, inadequate sex education, restricted discussion with health professionals about sexual problems, and feelings of embarrassment were the main causes that hinders women to communicate with health care providers . (El Nashar etal., 2007). Since nurses are considered a member in health care team and work in a variety of setting, they have unique opportunities to assess impact of male sexual dysfunction on female bio-psychosocial aspects to promote women well-being. There is a gap in the literature to assess the profile of wives of males with sexual dysfunction as most studies

shows the impact of medical disorders such as diabetes, cancer patients receiving chemotherapy on sexual function .So, this study aims to assess bio-sexual profile of wives with husbands with sexual dysfunction.
Significant: Nurses are expected to work with a holistic approach that includes physical, psychological, social, sexual and spiritual dimensions of health to support the women to cope with all kinds of problems in their daily life. The information gained from this study may be useful to highlight educational needs and practice for better integration of women's sexuality in nursing education and practice to provide holistic care. Unfortunately, the current nursing curriculum in Egypt rarely includes information related to impact of male with sexual dysfunction on wives well being .This deficit should be addressed and new teaching strategies should be implemented. Also, this study will contribute to improve nursing practice especially in relation to monitor for early detection of any sexual problems. Also, finding from this study will be a base line data that assess profile of wives with male with sexual dysfunction.

2. Methods

2.1 Design: The study adopted a prospective descriptive design.
2.2 Setting: Data were collected from the Andrology and Sexual Health Clinic at El Manial University Hospital, Which is affiliated to Cairo University, Egypt.
2.3 Sample: A purposive sample of 60 wives of males (diagnosed as having psychogenic sexual dysfunction). Wives included in this study based on a certain inclusion criteria; full acceptance to share in the study, and free from mental or physical disorders.
2.4 Tools: Four tools were used to collect the needed data:
a- Structured interviewing questionnaire consists of personal, gynecological and obstetrical data: including 1) data of couples personal date (age, age at marriage, level of education, occupation, residency as well as the habits (smoker, alcoholic, drug abuse, etc.). 2) gynecological and obstetric data (genital mutilation, menses, mode of delivery, history of pelvic surgery and its type, use of contraceptive method and type, history of complication during previous deliveries and its type, as well as present history of genital tract infection and type).
b- Female sexual activities: includes date of female initiation of sexual act, sexual desire and its level, sexual arousal, and reaching orgasm.
c- Couples Sexual complaint: includes data about sexual problems of males and sexual complaints females.
d- Female satisfaction with MSD: this tool includes two sub items 1) this item assesses three domains: female emotional, sexual, and psychological satisfaction. By using likert scale which ranged from 0-4 was used in which 0 denotes very dissatisfied, 1 denotes moderately dissatisfied, 2 denotes neutral, 3 denotes moderately satisfied, and score 4 denotes very satisfied. A total score of ≥ 9 considered as the cutoff score of female satisfaction. 2) This item assesses the sexual communication between the couples.
2.5 Procedure: Data were collected by the researcher through a period of twenty-one months. The data collection process passed through 2 phases:
a. Preparatory phase: The researcher contacted the medical and nursing directors of the Andrology and Sexual Health Clinic and explained the purpose of the study, benefits, and then a written approval was obtained. Also, during this phase the researcher prepare the related tools for data collection (this phase took about two weeks).
b. Data collection phase: Data collection process; started by male medical assessment. After the partner diagnosed as having psychogenic sexual dysfunction by the physician in the sexual health clinic, he asked to bring his wife to the clinic in the second visit. In the second visit the researcher met the male's wife in a private room in the Sexual Clinic to ensure confidentiality, and after that the questionnaire was obtained. The researcher asked the wives questions in Arabic and recorded their answers. Each subject was interviewed individually. Each subject interview lasted at least 30 minutes.
Pilot Study: A Total of (10%) of women were recruited for the pilot study to assess the tool for its clarity, suitability as well as its fasibility. All women recruited to the pilot study met the criteria of the sample selection. The pilot study lasted two weeks in July 2016 and it revealed that the average length of time to complete the interview questionnaire was approximately 30 minutes. The results of pilot study revealed that some items needed to be added in the interviewing questionnaire e.g., female sexual complaints. So the female is included in the pilot study was excluded from the total number of the sample.
Statistical Analysis Data management was done by coding and entering responses into computer. The researcher checked all data to avoid any discrepancies, data were examined for coding and entering error. Subjects' records

were stored using the Statistical Package for Social Science (SPSS). Descriptive statistics were used to analyze the sample population. Mean, range, standard deviation, and frequency distribution were used.

3. RESULT

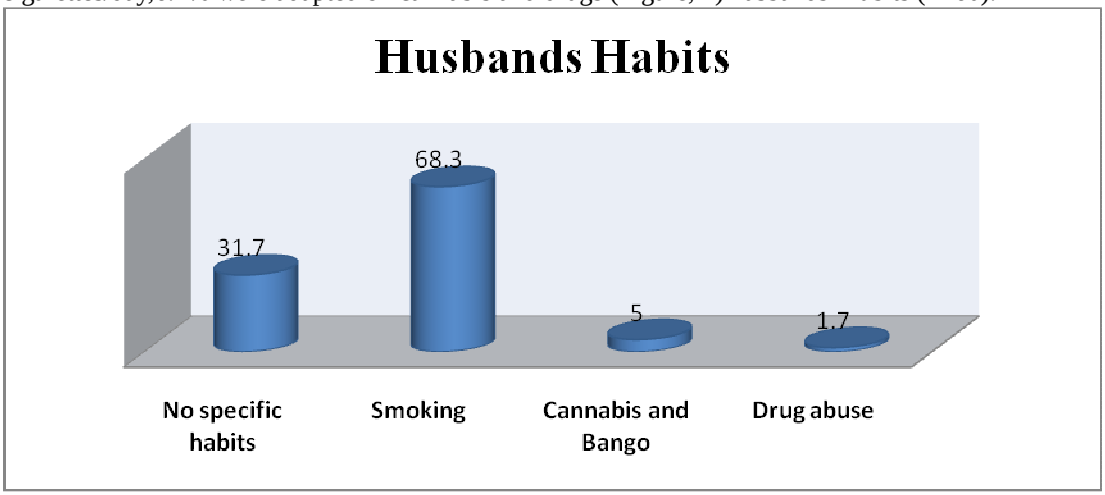
3.1 Personal, gynecological and obstetrical data

The age range of the women was 18-42 years with a mean age of 28.73 ± 5.74 years, while the age range of the husbands was 22-46 years with a mean age of 34.47% ± 6.03 years. The years of marriage ranged from 1 month to 20 years with mean of 5.77 ± 5 years. Considering occupation, 58.3% of women were house wives, while 41.7% were working as 36.7% of them were governmental employee and 5% were technical workers. Regarding to the husbands' occupation, 31.7% of them were governmental employee and 68.3% were technical workers. As for residence, 93.3% of the couples were living in urban areas, while 6.7% were living in rural areas. Concerning type of housing, 60% were living in large houses (many bedrooms) and they have a special bedroom, 23.3% were living in small houses with one bedroom for them and their children, while 16.7% were living in husbands' or wives' family houses with one bedroom for them (Table, 1).

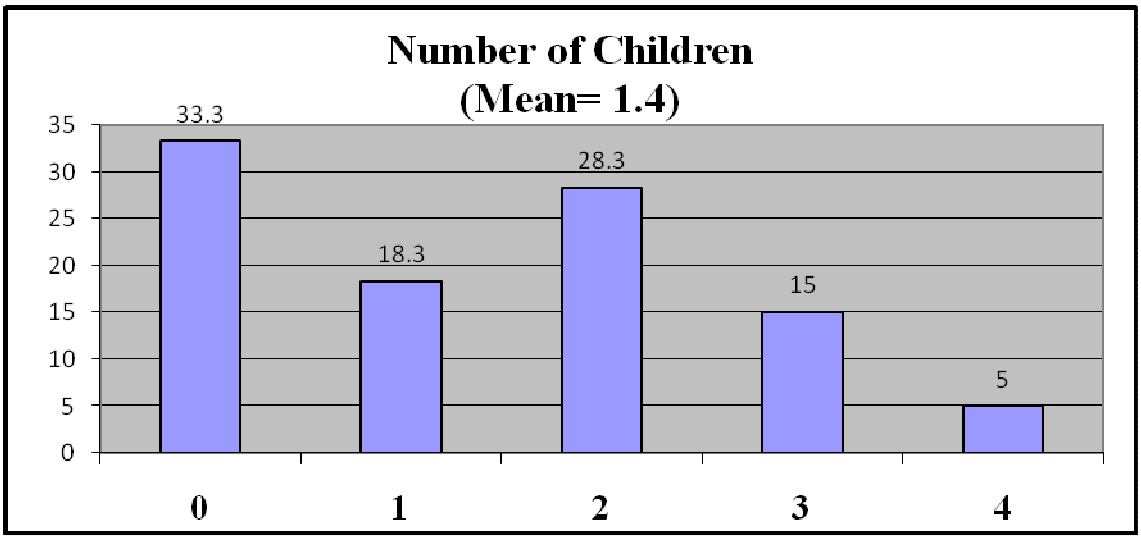
Table (1) Couples Characteristics According to Their socio-demographic data of the couples (n= 60).

Characteristics	Women		Men	
	X	± SD	X	± SD
Age	28.73	5.74	34.47	6.03
Age at marriage	22.96	4.07	-	-
Couples Occupation				
Housewife	35	58.3	-	-
Governmental employee	22	36.7	19	31.7
Technical work	3	5	41	68.3
Characteristics	Freq. (n=60)		%	
Residency				
Urban	56		(93.3%)	
Rural	4		(6.7%)	
Type of house				
Living in large house (more than one bedrooms)	36		(60%)	
Living in small house (one bedroom)	14		(23.3%)	
Living in wife's or husband's family house (one bedroom for them and their children)	10		(16.7%)	

Thirteen point three percent of the women cannot read and write, while 1.7% are able to read and write only, while 43.3% had secondary school certificate. As for the husbands, 18.3% cannot read and write, 3.3% can read and write, and 36.7% had secondary school certificate. In this study, the women had not any special habits. As for the husbands' habits, 31.7% had no special habits while 68.3% were smokers with mean of 25 cigarettes/day,6.7% were adapted on cannabis and drugs (Figure, 1)Husbands' Habits (n=60).

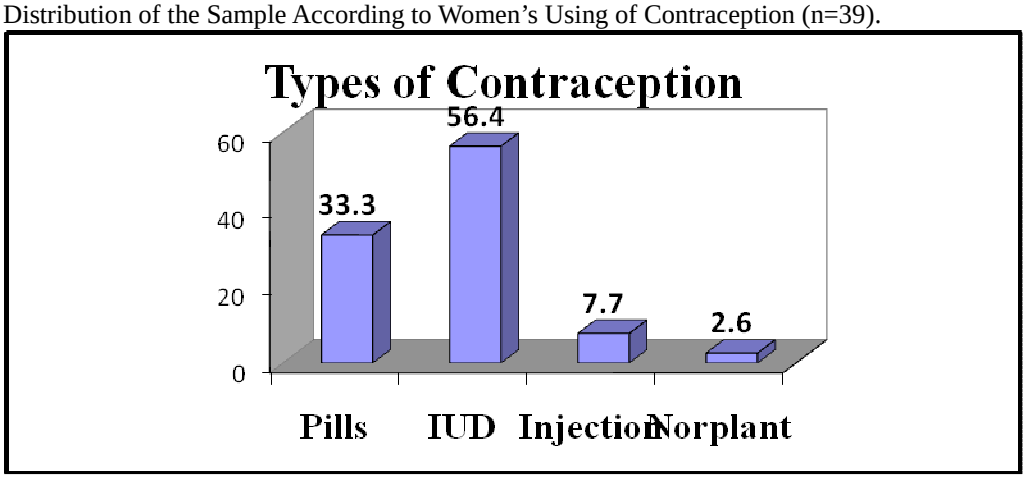


Regarding to the number of children, 33.3% of the sample had no children, 28.3% of them had two children, and 5% of them had 4 children. (Figure, 2). The Number of Children (no.=60):



Ninety three point three percent of the women were circumcised. Eighty eight point three percent of them were having regular menstruation. Moreover, Ninety eight point three percent of the women had delivered vaginally. 65% of the women were using different types of contraception; 56.4% were using intrauterine device (IUD), 33.3% were using combined contraceptive pills, 7.7% of them were using contraceptive injection, while 2.6% of them were using sub-dermal contraceptive implantation (Norplant) (Figure,4).

Distribution of the Sample According to Women's Using of Contraception (n=39).



3.2 Female sexual activities

Concerning the frequency of wives' initiation of sexual activities, 11.7% of the wives reported that they always initiate sexual activities (all the attempt of sexual contact), for 8.3% most the times (more than half), for 35% sometimes (about half the times), for 26.7% a few times (less than half), and 18.3% of the sample reported that they almost never or never initiated sexual activities with their husbands.

Regarding to feeling of sexual desire or interest, 56.7% of the wives feel sexual desire at least once/week, 16.7% feel sexually interested 3 times/week, 11.7% feel that they were sexually interested daily, 8.3% had almost never or never had sexual desire, while 6.7% had a desire for sexual contact once or twice in the last 4 weeks before that interview.

Regarding to the level of this desire, 11.7% had very high level of libido, 21.7% had high level of desire, 43.3% had moderate level of libido, 16.7% of them had low level of libido and 6.7% of them had very low or no desire at all. Considering changes in sexual desire, 43.3% of the wives reported having difference in their sexual desire from the beginning of marriage till that time, as 96.2% of these were complaining of decrease in their sexual desire, while 3.8% of them had elevation in their level of sexual desire.

Considering the wives' level of arousal during sexual activities, for 6.7% it was very high and strong, for 26.7% high and strong, for 36.7% satisfactory level, for 20% it was quite low and weak, and for 10% it was very low and weak. Concerning the frequency reaching orgasm; 8.3% of the wives reach orgasm each sexual contact, 13.3% reach orgasm most times (more than half of times of sexual contact), 30% sometimes (about half the times), and 31.7% few times (less than half times), and 16.7% almost never or never reach orgasm (Table, 2).

Distribution of the Sample According to the Sexual Activities (n= 60).

Characteristics	Freq. (n=60)	%
Pattern Of Wives' Starting Or Sexual Initiation		
Always (all the times)	7	11.7
Most times (more than half)	5	8.3
Sometimes (about half)	21	35
A few times (less than half)	16	26.7
Almost never or never	11	18.3
Every day	7	11.7
3 days/week	10	16.7
At least once/week	34	56.7
Only once or twice/4 weeks	4	6.7
Almost never or never	5	8.3
Level of Sexual Desire or Interest		
Very high	7	11.7
High	13	21.7
Moderate	26	43.3
Low	10	16.7
Very low or none at all	4	6.7
The Changes in Sexual Desire		
No change in sexual desire	34	56.7%
Excessively decreased	25	41.6 %
Increased	1	1.7 %
Level of Sexual Arousal		
Very high/strong	4	6.7
High/strong	16	26.7
Satisfactory	22	36.7
Quite low/weak	12	20
Very low/weak	6	10
Frequency of Reaching Orgasm		
Always (all the times)	5	8.3%
Most times (more than half)	8	13.3%
Sometimes (about half)	18	30 %
Few times (less than half)	19	31.7%
Almost never or never	10	16.7%

3.3 Sexual complaint

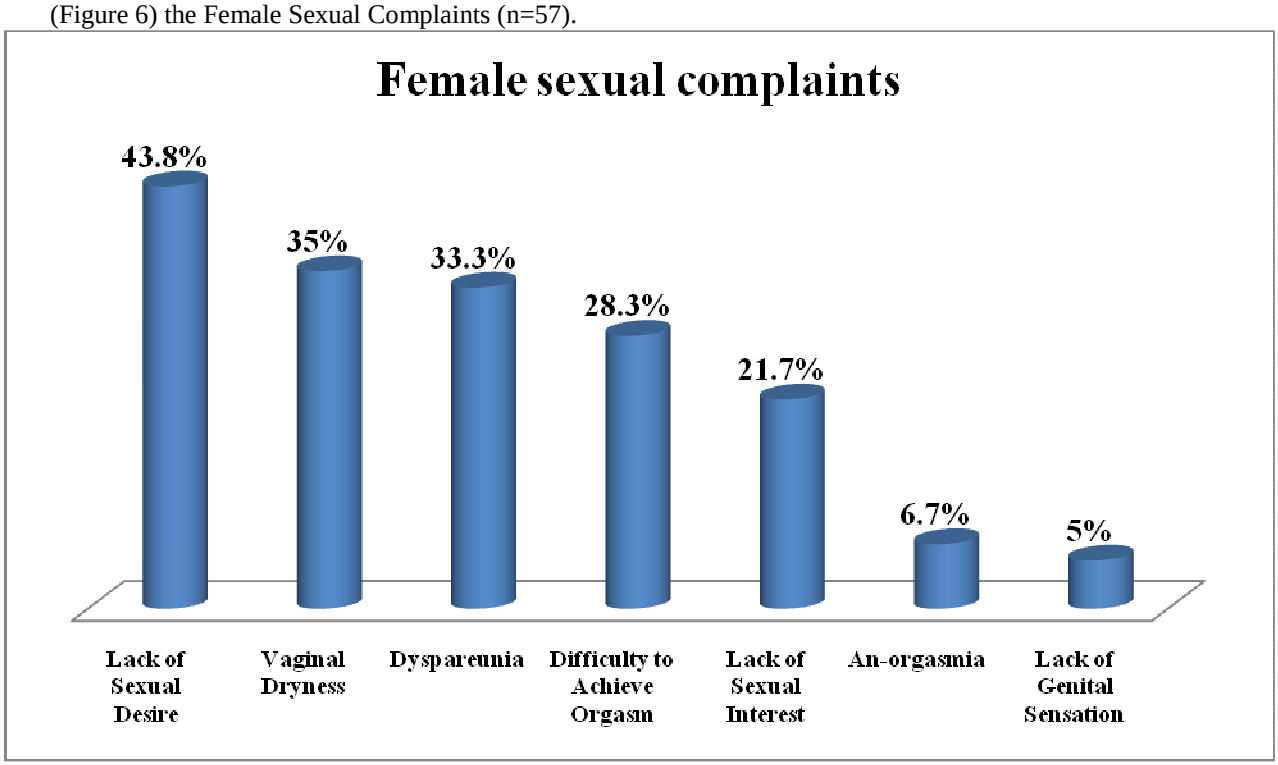
Regarding to husbands' sexual problems, 58.3% had erectile dysfunction (ED), 26.7% had premature ejaculation, and 1.7% lack sensation during sexual act.

(Table, 3) the Husbands' Sexual Problems (n= 60).

Characteristics	Freq. (n=60)	%
Hypoactive sexual desire	12	20
Erectile dysfunction	35	58.3
Premature ejaculation	16	26.7
Anorgasmia	3	5
Hyperactive desire	2	3.3
Lack of sensation during sexual act	1	1.7

Regarding to the women's sexual complaints, 95% of the sample had sexual complaints as 43.8% of them complaint of lack of sexual desire, 35% had vaginal dryness; and 5% had lack of genital sensation during sexual contact.

(Figure 6) the Female Sexual Complaints (n=57).



2.5 Female satisfaction with MSD

Regarding to the satisfaction of emotional closeness or intimacy, 38.3% of the wives were very satisfied of the emotional closeness with their husbands, and 3.3% of them were very dissatisfied. As for the satisfaction of sexual relation between the couples, 28.3% were neutrally satisfied and dissatisfied, while 5% were moderately dissatisfied. Considering the general psychological relationship, 26.7% of the wives were very satisfied, and 6.7% were moderately dissatisfied. (table, 4)

Female Satisfaction In Relation To Male Partner Sexual Dysfunction (n= 60).

Characteristics	Freq. (n=60)	%
Intimacy and Emotional Closeness between the Couples		
Very satisfied	23	38.3%
Moderately satisfied	22	36.7%
Neutral	8	13.3%
Moderately dissatisfied	5	8.3%
Very dissatisfied	2	3.3%
Satisfaction of Sexual Relation between the Couples		
Very satisfied	5	8.3%
Moderately satisfied	23	38.3%
Neutral	17	28.3%
Moderately dissatisfied	3	5%
Very dissatisfied	12	20%
Psychological Relation between the Couples		
Very satisfied	16	26.7%
Moderately satisfied	13	21.7%
Neutral	14	23.3%
Moderately dissatisfied	4	6.7%
Very dissatisfied	13	21.7%

Concerning adequate sexual communication, 43.3% of the women were always discussing with their husbands in sexual and marital issues, while 26.7% of them were never discussing these issues with their husbands.

(table, 5) Sexual Communication between the Couples (n= 60).

Characteristics	Freq. (n=60)	%
Pattern of discussing sexual issues		
Always	41	68.3%
Sometimes	10	16.7%
Never	9	15%

4. Discussion

Findings of this study discussing within the following frame of references: 1) findings related to personal, gynecological and obstetrical profile of the study sample; 2) sexual activities of study sample; 3) sexual complaints of them and sexual problems of their husbands; and finally 4) their satisfaction with their partner who have sexual dysfunction. Considering female age, findings of this study revealed that the mean age of the husbands who have sexual dysfunction is more than the mean age of their wives. This finding is not supported by Guay et al. (2003) who reported that psychological causes of MSD are common in younger men as compared to the older one. They noted that, age disparity between couples has a role in male sexual problems. These findings are supported also by Giovanni et al. (2006) who found that ED, delayed ejaculation, HSDD, and decreased the frequency of intercourse are associated with advanced age of the female partner. In the contrary, a study conducted by Psychology Network (2009) found that young men with PE who are married with older

women are intended to ejaculate sooner than those married to younger women. In the current result there were no disparity in age between the couples may be due to three causes: all the husband with in adulthood age; in Egypt and Arabian countries almost all men prefer to marry from females who are younger than them; finally, the sample size was limited to examine this age disparity.

Results of the current study revealed that the main duration of marriage was 5.77 ± 5 years. These findings indicated that while the incidence of ED and PE are decreased in newly married couples, that of HSDD is increased among them and vice versa. These findings are supported by Ter-Petrosyan, (2007), who highlighted that relationship habituation that developed from long duration of marriage without innovation in the sexual pattern may result in reducing the sexual energy levels of one and sometimes both partners to the minimum which can cause MSD. Regarding to the number of children, one-third of the wives included had no children. This was related to either infertility or new marriage, while the rest of the sample had from one to four children. The finding also revealed that the number of children is a contributing variable to MSD as; ED and PE occurrence increased with couples who had no children, while, HSDD increased with presence of children. In this respect, Teal (2008) was in agreement with this finding in relation to ED and PE as she stated that one of the social causes of sexual dysfunction is the need to reproduce to keep the offspring.

Regarding to wives' occupation more than half of the females were housewives. Lack of available time and busy life style are affecting the sexual libido for both males and females as a less common cause of HSDD in men as reported by Stephensen (2003). As well, this was in agreement with the result of Giovanni et al. (2006), in their assessment of relational factors in male patients consulting for sexual dysfunction. They noted that there is increased relational factor correlated with increased extramarital affairs for the married couples. Extramarital affairs may be because of the work itself or the nature of work and overwhelming with these work demands. In spite of this, Giovanni et al. did not explain if the work, as an extramarital affair, of one partner had an impact on the other. Most of the couples of this study were living in urban areas around Cairo city, while less than tenth of them were living in rural areas. This may be related to the rush life style and stressful nature of the urban areas especially Cairo city, which may have a vital role in couples sexuality harmful affection. This finding was in agreement with Caldwell (2009), who noted in the survey done on rural population, that the incidence and prevalence of MSD are very low in rural area than urban areas.

Many researchers found an association between large number of the children that the couples had and MSD (Lentz, 2007; Van-Voorhees, 2007; Setzler, 2009). Surprisingly, no available researchers examined the mode of delivery and its association with MSD. However, Gungor, Baser, Ceyhan, Karasahin, and Acikel (2007) found in their study that there is no relation between FSD and mode of delivery. Nevertheless, this finding contradicted with Hareyan, (2009) who found that healthy women with normal pregnancies who delivered babies vaginally are associated with the highest rate of sexual dysfunctions compared to women who deliver through planned cesarean section, who experienced the lowest rate of sexual dysfunctions. Earlier, the current study findings showed apparent correlations of MSD with FSD. Considering female genital mutilation (FGM), the results of this study indicated that most of the wives had genital cutting in their childhood period. Similar finding was detected by Dandash, Refaat, and Eyada (2001), who found that the prevalence of FGM, in Egypt, was 97.2% of girls who live in rural areas were circumcised, compared with 81.9% of the girls in urban areas. In this context, Almroth et al. (2001) reported that males who are married to wives with FGM, that had some psychological problems and difficulty during penetration.

Regarding to contraceptive methods, this study finding revealed that two-thirds of the wives were using different types of contraceptive methods as intrauterine devices, and hormonal contraceptives methods. In the current study only one fifth of the wives were using hormonal contraceptive pills. In a study conducted by Woznicki (2010), found that women who use hormonal contraceptives such as the birth control pills are more likely to experience sexual dysfunction such as reduced desire and arousal than women who use non-hormonal contraception and women who do not use contraception. This controversy might be due to different sample size, rate of hormonal contraceptive used among both studies, the pattern of compliance, and different sociocultural variables. In relation to female sexual activities, the current study findings revealed that; more half of the women have a high to moderate frequency of sexual desire, frequency of wives' initiating sexual activities, and level of sexual desire, while more than three quarters of them had low to not at all frequency of reaching orgasm. This finding agreed with Aggrawal (2013), who stated that all women below the age of 40 years were fully sexually active with zero percent reporting no sexual activity.

The current study finding indicated that almost of the sample complained of having different types of sexual dysfunction, as about half of them had a reduction in their sexual desire, about one third of them complained of lack of vaginal lubrication during sexual act and in sequential they complained of dyspareunia. According to the findings of a study of 185 women who reported FSD. Prevalence of FSD was 22% in women aged 20 -50 years. FSD was detected as a desire problem in 45.3% of women, an arousal problem in 37.5%, a lubrication problem in 41.2%, an orgasm problem in 42.0%, a satisfaction problem in 44.5% and a pain problem in 42.5%

(Jaafarpour, Khani, Khajavikhan, and Suhrabi 2013). The different in the two studies finding may be related to the small sample size in this sample and the embresement of the women inexpressing their sexual complaints. Moreover, less that tenth of the sample complained of anorgasmia. This finding agreed with studies done in united state which revealed that dyspareunia is a prevalent symptom among sexually active women. In a study of female sexual dysfunction, the finding revealed that between 8% and 21% of women in the general population and 10% of those ages 57 to 85 have been estimated to experience significant dyspareunia. For some women, sexual pain leads to avoidance of sexual intercourse or contact. Other women remain sexually active despite persistently painful intercourse (Lindau, Schumm, Laumann, et al, 2007; Latthe, Latthe, Say, et al, 2006).
Intimacy between the married couples, and general sexual communication had a great impact in the sexual health for both. Many researchers emphasized that the importance of adequate communication and emotion to maintain a healthy sexual life for both couples (Beckett, 2003; Anawalt, 2007; Gelfand, 2008; King, 2008; AAFP, 2009; & Benuto & Zupanick, 2009). The current study findings revealed that more than three-fourths of the wives were emotionally intimate to their husbands, while less than half of them were complaining of inadequate communication in sexual matters or discussing the sexual needs. Moreover, more than half of them reported that their marital happiness had been affected with their husbands' sexual problem.

5. Conclusion

Based on the results of the present study it could be concluded that female factors play a critical role in the onset, exacerbation, and maintenance of male sexual dysfunction. Increase awareness of females about the sexual knowledge, the impact of emotional closeness between the couples, and taking in consideration the female sexual dysfunction that may contributes to psychogenic male sexual dysfunction, may help in decreasing the incidence of sexual dysfunction, and help in treatment of those males.

5.2 Limitations of the Study

1-Small sample size, so generalization of the study findings is limited.
2-Limited researches related to bio-sexual profile of wives of husbands with sexual dysfunction.
3-No private setting was available to conduct the study with privacy.

5.2 Recommendations

Based on the study findings, the following are recommended:
1-Conducting a qualitative studies to explore of wives of husbands with sexual dysfunction.
2-Conducting this study in different setting such as rural versus urban areas to compare the effect of sexual dysfunctions on wives marital relationships.
3-Assessing bio-sexual profile of wives of husbands with sexual dysfunction has to be assessed while treating those husbands' sexual problems.
4-Bio-sexual assessment of women must be included in all obstetrics and gynecological clinics.

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