

Does Studying Circumstances of the Woman Affect Her Sexual Life?

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Abstract

Education is one of the most far reaching requirements for development. Combining work commitment, family responsibilities, and school obligations may be very complex and tasking. evaluate the impact of studying circumstances of women on various aspects of their sexual life. The study was performed on 400 married women aged 20 to ≥ 40 years. Participants were divided into 2 groups, the studying group (300 cases of married, studying and sexually active women) and the control group (100 cases not studying, married and sexually active women). Each participant was asked to fill the questionnaire. There were highly significant differences between the 2 groups regarding sexual desire, orgasm, emotional satisfaction and sexual satisfaction. While there was a highly significant correlation between the 2 studied groups regarding sexual arousal, lubrication and pain. studying circumstances form a great stress on studying women and applied a negative impact on their sexual life.

Keywords: Education, Studying, Sexual life.

1. Introduction

Training is one of the most extensive necessities for advancement, easing destitution, improving wellbeing results and personal satisfaction, diminishing sex and social variations, and upgrading monetary profitability. The mounting enthusiasm of ladies in further training as coherence in tertiary instruction must be supported and sustained [6].

Reading presents difficulties for ladies because of their family duties. The female wedded college understudies are additionally expected to perform obligations as spouse and mother, notwithstanding satisfying their scholastic duties [50]. Family/school struggle alludes to the requests looked by understudies in advanced education who are hitched and who might possibly have kids [32].

Most likely, consolidating work duty, family duties, and school commitments might be exceptionally intricate and entrusting. Eventually, the battling and shuffling innate in this may make strain and wellbeing - related issues for the people's concerned [54]. Another supposition that analyzed worry in non - customary understudies found that coming back to class makes huge worry inside the understudy's family and home life [29]. Alongside conceivable individual sentiments of insufficiency, non - customary ladies may feel overpowered by their various obligations which regularly outweigh school work [10]. Dealing with different jobs is a wellspring of worry for female understudies and guardians feel remorseful about being inaccessible when their youngsters need them, with moms of kids under thirteen announcing the most clash [61]. Sexual wellbeing is significant for general just as conceptive wellbeing [12]. Stress, which can be characterized as when occasions or natural conditions surpass one's apparent capacity to adapt, can contrarily influence by and large wellbeing [48]. Sexuality is natural in people and sexual capacity is a significant determinant of wellbeing and prosperity [58]. Stress has consistently been associated with sexual dysfunctions driving specialists to concentrate on worry as a clarification of their patients' sexual

issues [37]. Likely pressure has its most immediate impact on sexual want as opposed to genital responsiveness [47].

2. Patients and methods

This was a cross sectional planned similar investigation incorporated a sum of 400 wedded ladies matured 20 to ≥ 40 years at the outpatient facility of Dermatogloy and Andrology branch of Benha University emergency clinic, and in Dermatogloy and Andrology office in the workforce of medication in Zagazig University. Composed educated assent from all the patients were acquired. An endorsement from the Department of Dermatogloy and Andrology and the examination morals board of trustees in Benha Faculty of Medicine was acquired.

The included subjects were isolated into two gatherings

The examining gathering (300 instances of wedded, contemplating and explicitly dynamic ladies)

The benchmark group (100 cases not examining, wedded and explicitly dynamic ladies). Furthermore, they were chosen by the accompanying rules:

2.1 Inclusion rules

Hitched, examining ladies whether they were students or postgraduates with normal sexual connection.

2.2 Exclusion rules

Ignorant ladies, Participants who wouldn't give study assent, Participants with mental issues as this may influence their sexuality and Women with nearby vaginal infections or taking any prescription that may influence sexuality.

All patients were exposed to the followings:

1-Full Medical History: including Age, instructive level, habitation. Female genital cutting ,length of marriage, number of kids, nearness of children under

2 years of age and female sexual capacity, which remembered inquiries for 6 themes, sexual want, excitement, oil, climax, and fulfillment. 2. Every member was approached to fill the poll. To guarantee that all accumulated data will be kept private and the subject will be mysterious, every survey was turned in an open envelope and in the wake of filling it the subject fixed the envelope and put it in a bin containing other fixed envelopes.

2.3 Statistical techniques

Distinct measurements were determined for the information as recurrence and circulation for subjective information. In the factual correlation between the various gatherings, the hugeness of distinction was tried utilizing one of the accompanying tests: Inter-bunch examination of all out information was performed by utilizing chi square test (X2-worth) and fisher accurate test (FET).

A P esteem <0.05 was considered measurably noteworthy (*) while >0.05 factually immaterial P esteem <0.01 was considered profoundly huge (**) in all investigations.

3. Results

Table (1) shows factually noteworthy contrasts between the contemplated bunches as per age, number of kin, having at least one children \leq 2years and the long stretches of marriage ($p \leq 0.05$).

Age bunch 30-39y speaks to the greater part (56.0%) of the investigation gathering, while more than 33% of the examination bunch has at least one children \leq 2 years (34.3%). The level of the individuals who have 1-5y of marriage is 39.0%. While it diagrams non-critical contrasts in regards to living arrangement and instructive level ($p > 0.05$).

Table (2) shows measurably critical contrasts between the 2 contemplated bunches as indicated by

FGC as 64% of the examination bunch were presented to FGC while 56% of the benchmark group were not presented to FGC ($p < 0.001$). Likewise, there was a high noteworthy contrast between the 2 examined bunches as per utilizing hormonal contraception as 64% of the investigation bunch were not utilizing any hormonal contraception strategies and 80% of the benchmark group were not utilizing any hormonal contraception techniques ($p < 0.003$).

Table (3) shows an exceptionally noteworthy contrast between the 2 contemplated bunches in regards to the abatement of the coital recurrence (CF) during the most recent a month as in 50.3 % of the examination bunch there was a decline in the coital recurrence (CF) during the most recent a month while in 100% in the benchmark group there wasn't a diminishing in the coital recurrence (CF) during the most recent a month ($p < 0.001$).

Concerning appropriateness of the coital recurrence (CF) there was an exceptionally huge contrast between the 2 gatherings as in 64.7% of the investigation gathering and 80% of the benchmark group the CF was reasonable ($P < 0.005$).

There was an exceptionally noteworthy contrast between the 2 examined bunches with respect to the physical and the psychological preparation of the spouse when the husband requested sexual movement ,as 31.7% of the examination bunch were prepared in <50% and 67% of the benchmark group were prepared in >50% ($p < 0.001$).

There were profoundly critical contrasts between the 2 gatherings in regards to sexual want, climax, enthusiastic fulfillment and sexual fulfillment. While there was a profoundly noteworthy relationship between's the 2 examined bunches with respect to sexual excitement, grease and agony.

Tables (1) Comparison between the 2 studied groups according to demographic data.

	Total (400)		Study group (300)		Control group (100)		Statistical test (FET)	P value
	n	%	n	%	n	%		
Age								
<20y	10	2.5	10	3.3	0	0.0		
20-29y	149	37.3	100	33.3	49	49.0	14.39	0.002**
30-39y	207	51.7	168	56.0	39	39.0		
\geq 40 y	34	8.5	22	7.3	12	12.0		
Residence								
Urban	318	79.5	237	79.0	81	81.0	0.184	0.668
Rural	82	20.5	63	21.0	19	19.0		
Educational level								
Under graduate	51	12.8	34	11.3	17	17.0	2.17	0.141
Post graduate	349	87.2	266	88.7	83	83.0		
Number of siblings								
0	46	11.5	31	10.3	15	15.0		
1	85	21.3	49	16.3	36	36.0	27.7	<0.001*
2	175	43.8	144	48.0	31	31.0		*
3	71	17.8	53	17.7	18	18.0		

Table (1) Continue

>3	23	5.8	23	7.7	0	0.0		
Having one or more kids ≤ 2 years							25.94	<0.001*
Yes	111	27.8	103	34.3	8	8.0		*
No	289	72.3	197	65.7	92	92.0		
Years of marriage								
<1y	25	6.3	23	7.7	2	2.0		
1-5y	187	46.8	117	39.0	70	70.0	33.82	<0.001*
6-10y	139	34.8	113	37.7	26	26.0		*
11-15y	35	8.8	33	11.0	2	2.0		
16-20y	14	3.5	14	4.7	0	0.0		

Table (2) Comparison between the 2 studied groups according to FGC and hormonal contraception.

	Total (400)		Study group (300)		Control group (100)		Statistical test (FET)	P value
	N	%	N	%	N	%		
FGC								
Yes	238	59.5	194	64.7	44	44.0	13.92	<0.001**
No	162	40.5	106	35.3	56	56.0		
Hormonal contraception								
Yes	128	32.0	108	36.0	20	20.0	8.82	0.003**
No	272	68.0	192	64.0	80	80.0		

Table (3) Comparison between the 2 studied groups regarding some sexual aspects and sexual satisfaction.

	Total (400)		Study group (300)		Control group (100)		Statistical test	P value
	N	%	N	%	N	%		
Coital frequency decreased in the past 4 weeks?								
Yes	151	37.8	151	50.3	0	0.0	X ² =80.86	<0.001**
No	249	62.2	149	49.7	100	100		
Suitable coital frequency?								
Yes	274	68.5	194	64.7	80	80.0	X ² =10.46	0.005**
No, need more	111	27.8	91	30.3	20	20.0		
No, need less	15	3.8	15	5.0	0	0.0		
Sexual desire								
Almost never or never	14	3.5	13	4.3	1	1.0		
<50% of sexual encounters	119	29.8	94	31.3	25	25.0		
50% of sexual encounters	98	24.5	95	31.7	3	3.0	X ² =65.22	<0.001**
>50% of sexual encounters	144	36.0	77	25.7	67	67.0		
Almost always or always	25	6.3	21	7.0	4	4.0		
Sexual arousal								
Almost never or never	16	4.0	15	5.0	1	1.0		
<50% of sexual encounters	74	18.5	50	16.7	24	24.0		
50% of sexual encounters	56	14.0	54	18.0	2	2.0	X ² =21.35	<0.001**
>50% of sexual encounters	148	37.0	108	36.0	40	40.0		
Almost always or always	106	26.5	73	24.3	33	33.0		
Lubrication								
Almost never or never	18	4.5	14	4.7	4	4.0		
<50% of sexual encounters	46	11.5	44	14.7	2	2.0		
50% of sexual encounters	66	16.5	42	14.0	24	24.0	X ² =61.19	<0.001**
>50% of sexual encounters	97	24.3	95	31.7	2	2.0		
Almost always or always	173	43.3	105	35.0	68	68.0		

Table (3) Continue

Orgasm								
Almost never or never	21	5.3	20	6.7	1	1.0		
<50% of sexual encounters	68	17.0	67	22.3	1	1.0	X ² = 64.05	<0.001**
50% of sexual encounters	107	26.8	82	27.3	25	25.0		
>50% of sexual encounters	137	34.3	73	24.3	64	64.0		
Almost always or always	67	16.8	58	19.3	9	9.0		
Pain								
Almost never or never	87	21.8	76	25.3	11	11.0		
<50 % of sexual encounters	210	52.5	126	42.0	84	84.0	X ² = 56.21	<0.001**
50% of sexual encounters	51	12.8	50	16.7	1	1.0		
>50% of sexual encounters	34	8.5	33	11.0	1	1.0		
Almost always or always	18	4.6	15	5.0	3	3.0		
Emotional satisfaction								
>50%	133	33.3	65	21.7	68	68.0	X ² = 73.18	<0.001**
Borderline	246	61.5	215	71.7	31	31.0		
<50%	21	5.3	20	6.7	1	1.0		
Sexual satisfaction								
>50% of sexual encounters	135	33.8	62	20.7	73	73.0	X ² = 91.87	<0.001**
Borderline	246	61.5	221	73.7	25	25.0		
<50% of sexual encounters	19	4.8	17	5.7	2	2.0		
Readiness of the wife physically and mentally when the husband asked for sexual activity								
Almost never or never	34	8.5	17	5.7	17	17.0	X ² = 89.0	<0.001**
<50% of sexual encounters	100	25.0	95	31.7	5	15.0		
50% of sexual encounters	80	20.0	71	23.7	9	9.0		
>50% of sexual encounters	141	35.3	74	24.7	67	67.0		
Almost always or always	45	11.3	43	14.3	2	2.0		

3. Discussion

With respect to of the members, most of the considering bunch members (56%) were in the age gathering (30-39) years while most of the benchmark group members (49 %) were in the age bunch 20 – 29years. (44) recorded the reasons detailed by ladies for the lessening in their sexual movement with maturing. I. Younis et al., [65] referenced in their examination that maturing deleteriously affects the sexual movement of ladies, including sexual want and the capacity to arrive at climax and its. R.D.Hayes et al., [34] referenced that there is an impact of maturing on the predominance of a low sexual want.

Having at least 2 youngsters was accounted for by 67.4 % of the examining bunch members. While in the benchmark group 49.0% of members had at least 2 kids and 36.0% of them had just a single youngster.

As per [14] the quantity of youngsters had a factually noteworthy connection with every sexual issue. Which might be a psychobiologic part of equality that significantly affects sexual capacity, either in view of hormonal changes, expanded duty of dealing with the family or an absence of protection for sexual experiences. As indicated by Rao and De Maris (1985) pregnancy and progressive births can, yet not generally, be related with the decrease of coital frequencies.

Having at least one children < 2 years was accounted for by 34.3% of the members of considering gathering, while 92 % of the benchmark group members didn't have at least one children < 2years. As per [46] the new child accompanies lower relationship fulfillment. Likewise, numerous worries about the new infant in the bed room were referenced by [56] as this could influence the sexual relationship as: coital recurrence, changes in self-perception after conveyance and breastfeeding, the effect of youngster raising obligations on schedule for sexual action, lack of sleep, physical recuperation after conveyance, state of mind swings and jumble in sexual want.

As to of marriage, ladies in the examining bunch were having longer times of marriage than those in the benchmark group showing that sexual wellbeing can be influenced by longer times of marriage. Like these discoveries was accounted for by [27] who affirmed that sexual want in a relationship appears to lessen after some time, potentially because of enthusiastic combining, adjustment or weariness, or every one of the three. Poor sexual methods or ridiculous desires for sexual aptitudes, may likewise prompt frustration.

This is additionally in concurrence with [63] who affirmed that conjugal span influences different parts of a couple's relationship, including levels of passionate closeness and time can bring about fatigue with sexual exercises. Likewise, FSD was more

normal in members wedded for >20 years. [19]disclosed it by adjustment to sexual exercises and the rising consistency of sexual conduct during this period. A further explanation behind the consistently declining recurrence of intercourse after some time is age. With expanding age, sex drive and sexual limits decline [3]. Breaking down wellbeing with maturing may likewise assume a job [28, 40]. Also a clarification for the age impact is a reduction in estrogen creation [2].This outcome can't help contradicting [9], who found that term of marriage didn't influence the FSFI score.

Living in urban zones was accounted for in 79% of the examining gathering and in 80% of the benchmark group. As indicated by [41] living in urban regions may contribute in encouraging conditions that may have a decent effect in the general day by day existence with great criticism in the sexual life for both lady and man. This can't help contradicting [27] who referenced that the worry in the urban regions adversely influence the sexual life exercises. [66] analyzed female sexuality among urban and country wedded ladies in an example of 404 Egyptian ladies and found that urban ladies revealed more commencement of sex, favored more man on top as a sexual position, a greater amount of them announced not possessing enough energy for foreplay as a reason for failure to have climaxes, and a greater amount of them expressed that the motivation behind intercourse was having joy for them and their spouses.

The current investigation uncovered non-critical contrasts with respect to the instructive level between the 2 gatherings. Brokenness in ladies climax was contrarily associated with instructive level [42]. Comparative outcomes were acquired by [55] in an example of wedded Egyptian ladies. Her discoveries demonstrated that instructive level was decidedly corresponded with coital recurrence, want, climax and fulfillment. The connection among's instruction and both of coital recurrence and generally speaking fulfillment with sexual life was measurably noteworthy. This finding is clarified by contrasting needs and desires for sexual movement in ladies with various degrees of training. The profoundly taught ladies might be keen on looking and perusing more about the sexuality and how to accomplish sexual delight. They additionally feel that they are qualified for and have the right to arrive at climax similarly as men.

This finding can't help contradicting those of [62], who demonstrated a positive relationship between's degree of training and sexual brokenness, which was ascribed to the likelihood that a more elevated level of instruction might be related with an expansion in a lady's capacity to communicate her disappointment. The contrast between our discoveries and this investigation might be credited to a distinction in social elements among the ladies considered.

The current examination uncovered factually huge contrasts between the 2studied gatherings as per Female Genital Cutting/Mutilation (FGC/M) as 64% of the investigation bunch were presented to FGC/M while 56% of the benchmark group were not presented to FGC/M ($p < 0.001$).

[8] found that the longing, excitement, grease, climax, and fulfillment areas were essentially higher in the whole members contrasted and those of the cut ones. Similar outcomes were acquired by [4] who found that sexual capacity in ladies with FGC/M was unfavorably changed and there were measurably huge contrasts between the two gatherings. This concurs with [33] study. Ibrahim et al., (2013) finished up similar outcomes, and found that FSD was more normal in ladies with FGC/M.

This confirms the report of [1] who found in their example of 264 ladies in Benha City, that ladies with FGC/M were bound to have conjugal issues, for example, loss of sexual want and lower fulfillment rate, extra to mental issues (principally nervousness, melancholy and aggression).

In any case, S.E.Ainsworth et al., [3] found that ladies who had been cut were in any event as likely as whole ladies to report consistently having a climax during sex and bound to report at any rate here and there starting sex with their accomplices . Similar outcomes were gotten by [59] who found that no relationship between FGC/M and coital recurrence was found. The clarification might be because of the way of life and customary convictions in these situations where the fruitfulness and capacity to get pregnant may supersede any negative impacts of circumcision on sexual joy.

Likewise, there was a high critical contrast between the 2 examined bunches viewing utilizing contraception strategies as 64% of the examination gathering and 80% of the benchmark group were not utilizing any contraception strategy ($p < 0.003$). Oral Contraception Pills (OCPs) stifle ovarian testosterone levels by means of concealment of pituitary LH emission. Likewise, the estrogen segment of the pill builds SHBG levels. The net outcome is a lessening in free testosterone fixations which influences female sexual capacity [49].

As to recurrence, our outcomes indicated that there was a measurably critical contrast between the two gatherings ($p < 0.001$). As50.3% of ladies in the examining bunch griped of diminished coital recurrence while nobody in the benchmark group grumbled of this issue. Additionally, there was a measurably critical distinction between the two gatherings as respect the appropriateness of the CF ($p < 0.005$) as just 68.5% of the contemplating bunch members detailed that CF is reasonable, while 80 % of the benchmark group members revealed that.

R.K. Westheimer et al., [64] referenced that higher sexual fulfillment or recurrence is emphatically connected with conjugal security. C.Degauquier et al., [24] uncovered that best in class

female age can influence the mode and recurrence of sexual connection. D.Benatar et al., [15] found that ladies were bound to want for less incessant sex than they were having, though spouses or men were bound to want for more continuous sex than they were having. Significant logical examination has watched a connection between sexual recurrence and prosperity. One investigation of a delegate test of 16,000 grown-up Americans found that sexual recurrence was a solid positive indicator of self-detailed bliss [17]. Comparative outcomes were likewise acquired with an example of 3800 grown-ups from China where expanded recurrence (just as higher announced nature of sex) was related with more prominent satisfaction [21]. In another investigation of 1000 ladies who detailed every day how they apportioned time among exercises, and the amount they delighted in those exercises, sex was appraised as the action delivering the best measure of bliss [39]. A broadly agent study of 3432 Americans found that people with no sexual accomplices in the previous a year had the most reduced degrees of joy [42]. People who report more dynamic sexual connections likewise report more noteworthy joy inside their relationship [53,35].

There were measurably huge contrasts between the 2 gatherings with respect to sexual want, sexual excitement, oil, climax, torment, enthusiastic fulfillment and sexual fulfillment.

Sexual want was accounted for in >50% of sexual experiences by 25.7% the contemplating bunch members and by 67% in the benchmark group members. Additionally, Orgasm was reached in >50% of sexual experiences by 24.3% the considering bunch members and by 64% in the benchmark group members. Lindau et al., (2007) found that the powerlessness to peak extended from 34% in the most youthful gathering to 59% in the most seasoned gathering. Likewise, an investigation led on wedded Iranian ladies by Jaafarpour et al.,.

4. Conclusion

There is a factually noteworthy distinction between the 2 examined bunches for the contemplating bunch as indicated by: age, number of kin and FGC/M. Furthermore, the other measurably noteworthy contrast between the 2 contemplated bunches is supportive of the benchmark group as per: having at least one children \leq 2years gathering, the long stretches of marriage, utilizing contraception strategy, the decline of the coital recurrence, reasonableness of the coital recurrence, the physical and the psychological availability of the spouse when the husband requested sexual action, sexual want, climax, enthusiastic fulfillment, sexual fulfillment, sexual excitement, grease and torment.

References

[1] R.M.Abd EL-Hady and A.B.EL-Nashar ,Long term impact of circumcision on health of newly

married females in Benha city.Zag Univ Med ;Vol.6,pp839–851,1998.

- [2] I.B.Addis, S.K.Van Den Eeden, Wassel-C.L.Fyr, E.Vittinghoff , J.S.Brown and D.H.Thom Sexual activity and function in middle-aged and older women.Obstet Gynecol;Vol. 4, PP.755–764,2006.
- [3] S.E.Ainsworth , R.F.Baumeister. Changes in sexuality: how sexuality changes across time, across relationships and across sociocultural contexts. Clin Neuropsych;Vol.1, PP. 32–38,2012.
- [4] S.A.Alsibiani and A.A.Rouzi .Sexual function in women with female genital mutilation. Fertil Steril;Vol. 3, PP. 722-4,2010.
- [5] Amir Nik-Azin, M.R.Nainian, M.Zamani .Evaluation of Sexual Function, Quality of Life, and Mental and Physical Health in Pregnant Women. J Family Reprod Health;Vol. 4, PP.171-6, 2013.
- [6] P.M.Amos and E.Manieson .Issues and challenges confronting married women in tertiary institutions. Int J Educ Learn Dev; Vol.9, PP.19-27,2015.
- [7] P.M.Amos and E.Manieson.Issues and challenges confronting married women in tertiary institutions. Int J Educ Learn Dev; Vol.9, PP.19-27,2015.
- [8] T.H.Anis, S.A.Gheit, H.H.Awad and Saied. ,Effects of female genital cutting on the sexual function of Egyptian women: a cross- sectional study.J Sex Med;Vol.9 (10), PP.2682-2692,2012.
- [9] M.Arasteh, N.S.Alizadeh, E.Ghaderi, F.Farhadifar, R.Nabati and F.Gharibi .Survey of the prevalence of sexual dysfunctions in kurdisch women. JSM;Vol.40(6), PP.503–511, 2014.
- [10] J.Aronson, D.M.Quinn and S.J. Spencer.Stereotype threat and the academic underperformance of minorities and women. In Swim, J. K., and Stangor, C. (eds.), Prejudice: The Target's Perspective, Academic Press, New York;Vol.2, PP. 83-103,1998.
- [11] N.E.Avis ,Sexual function and aging in men and women: Community and Population-based studies. J Gend Specif Med;Vol.3(2), PP.37–41,2000.
- [12] J.Bancroft, J.Loftus and J.S.Long ,Distress about sex a national survey of women in heterosexual relationships. Arch Sex Behav;Vol.32, PP.193–208,2003.
- [13] J.Bancroft, Sherwin BB, Alexander GM, Davidson DW and Walker A (1993): Oral contraceptives, androgens and the sexuality of young women: II.The role of androgens. Arch Sex Behav, 20; 2:121–135.
- [14] R.Basson. Women's sexual dysfunction: Revised and expanded definitions. CMAJ, 172; 10:132-733 .

- [15] D.Benatar, The second sexism: discrimination against men and boys. Oxford: John Wiley & Sons, 2005.
- [16] J.M.Benshoff. Nontraditional college students: A developmental look at the needs of women and men returning to school. *J Youth Adolescence*.Vol.3, PP.47-61,1991.
- [17] D.Blanchflower , A.Oswald. Money, sex and happiness: an empirical study. *Scand J Econ*.Vol.106.3, PP.393-415,2004.
- [18] J.Butcher. ABC of sexual health: female sexual problems II:sexual pain and sexual fears. *BMJ*.Vol. 318(7176), PP.110-112,1999.
- [19] V.Call, S.Sprecher, P.Schwartz. The incidence and frequency of marital sex in a national sample. *J Marriage Fam*.Vol. 57 (3), PP. 639-652. ,1995.
- [20] S.Caruso, C.Agnello, M.Romano. Preliminary study on the effect of four-phasic estradiol valerate and dienogest (E2V/DNG) oral contraceptive on the quality of sexual life. *J Sex Med*.Vol. 8, PP. 2841-50. ,2011.
- [21] Z.Cheng , R.Smyth. Sex and happiness. *J Econ Behav Org*.Vol.112, PP.26-32,2015.
- [22] C.Coren. Genital cutting may alter, rather than eliminate, women's sexual sensations. Determinants of coital frequency among married women in Central African Republic: the role of female genital cutting. *Int Fam Plan Perspect*.Vol.34 (4), PP.525-39,2003.
- [23] S.R.Davis, J.Bitzer, A.Giraldi. Change to either a non-androgenic or androgenic progestin containing oral contraceptive preparation is associated with improved sexual function in women with oral contraceptive-associated sexual dysfunction. *J Sex Med*.Vol. 10(12), PP.3069-3079,2013.
- [24] C.Degauquier, A.S.Absil, I.Psalti. Impact of aging on sexuality. *Revue Medicale de Bruxelles*.Vol.33, PP.153-163,2012.
- [25] L.Dennerstein, J.L.Alexander , K.Kotz. The menopause and sexual functioning: a review of the population-based studies. *Annu Rev Sex Res*.Vol.14(1), PP.64-82,2003.
- [26] L.Dennerstein, P.Lehert, H.Burger . Factors affecting sexual functioning of women in the mid - life years. *Climacteric*.Vol.2; 4, PP. 254-202,1999.
- [27] E.Durr. A phenomenological inquiry into the lived experience of low sexual desire in women: implication for clinical practice. MD Thesis, Stellenbosch University, pp. 54,2008.
- [28] M.L.Eisenberg, A.W.Shindel, J.F.Smith. Socioeconomic, anthropomorphic, and demographic predictors of adult sexual activity in the United States: data from the national survey of family growth. *J. Sex Med*.Vol.7 (1), PP. 50-58,2010.
- [29] K.J.Giancola, M.J.Grawitch , D.Borchert. Dealing with the stress of college: A model for adult students. *Adult Edu Quart*.Vol.59(3), PP. 246-263,2009.
- [30] A.Graziottin, A.serafini , S.Palacios. Aetiology, diagnostic algorithms and prognosis of female sexual dysfunction. *Maturitas*.Vol. 63 (2), PP. 128 - 134,2009.
- [31] C.Grimm, S.Kemp . P.E.Jose. Orientations to happiness and the experience of everyday activities. *J Posit Psychol*.Vol. 10, PP. 3:1-12,2014.
- [32] L.Hammer, T.D.Grigsby , S.Woods. The conflicting demands of work, family and school among students at an urban university. *J Psych*.Vol.132(2), PP.220-226,1998.
- [33] I.M.Hassanin, Y.A.Helmy, M.M.Fathalla. Prevalence and characteristics of female sexual dysfunction in a sample of women from Upper Egypt. *Int J Obstet Gynecol*.Vol.108(3), PP.219-223,2010.
- [34] R.D.Hayes, L.Dennerstein, C.M.Bennett. Relationship between hypoactive sexual desire disorder and aging. *Fertil Steril*.Vol.87, PP.1:107-12,2007.
- [35] J.R.Heiman, J.S.Long, S.N.Smith. Sexual satisfaction and relationship happiness in midlife and older couples in five countries. *Arch Sex Behav*.Vol.40, PP.741-753,2011.
- [36] Z.M.Ibrahim, M.R.Ahmed , W.A.S.Ahmed. Prevalence and risk factors for female sexual dysfunction among Egyptian women. *Arch GynecolObstet*.Vol.287, PP. 6:1173-1180,2013.
- [37] W.W.Ishak , G.Tobia. DSM-5 Changes in Diagnostic Criteria of Sexual Dysfunctions. *Reprod Sys Sexual Disorders*, 2: 122.
- [38] M. Jaafarpour, A. Khani, J.Khajavikhan. Female sexual dysfunction: Prevalence and risk factors. *J Clin Diagn Res*.Vol. 7, PP.2877 80,2013.
- [39] D.Kahneman, A.Krueger, D.Schkade. Toward national well-being accounts. *Am Econ Rev*.Vol.94, PP.429-434,2004.
- [40] A.Karraker, J.DeLamater , C.R.Schwartz. Sexual frequency decline from midlife to later life. *J GerontolSerB*.Vol. 66; 4, PP. 502-512. ,2011.
- [41] E.Laumann, J.Gagnon, R.Michael . The Social Organization of Sexuality. University of Chicago Press, Chicago.
- [42] Laumann EO, Paik A and Rosen RC (1999): Sexual dysfunction in the United States: prevalence and predictors. *JAMA*.Vol.281; 6, PP.537-544,1994.
- [43] S.R.Leiblum, R.C.Rosen, K.E.Caramelli. Principles and practices of sex therapy. *N Engl J Med*.Vol.343(10), PP. 682-688,2000.
- [44] S.T.Lindau, L.P.Schumm, E.O.Laumann. A study of sexuality and health among older adults in the United States. *N Engl J Med*.Vol.357, PP.762-774,2007.
- [45] S.S.Lo , W.M.Kok Sexuality of Chinese women around menopause. *Maturitas*.Vol.74(2), PP.190-195,2013.

- [46] R. MacAdam, C. Huuva Eand Berterö. Fathers' experiences after having a child: sexuality becomes tailored according to circumstances. *Midwifery*. Vol. 27, PP.e149-e155, 2011.
- [47] A. Mazur, T.A. Lamb. Testosterone, status and mood in human males. *Horm Behav*. Vol. 14, PP.236-46 (1980). 2015, 1980.
- [48] S. McPartland. Stress, Lifestyle, and Diet in College Students: Analysis of the YEAH Study. <https://doi.org/10.23860/thesis-mcpartland-steven-2013>. Accessed in 22 July, 2013.
- [49] P.A. Murphy, D. Brixner. Hormonal contraceptive discontinuation patterns according to formulation: investigation of associations in an administrative claims database. *Contraception*. Vol. 77(4), PP.257-263, 2008.
- [50] L. Noel, R. Levitz, D. Saluri. *Increasing Student Retention*. San Francisco, CA: Jossey-Bass, 1985.
- [51] M.R. Nusbaum, C. Hamilton, P. Lenahan. Chronic illness and sexual functioning. *Am Fam Physician*. Vol. 67(2), PP.347-354, 2003.
- [52] K.V. Rao. A. De maris. Coital frequency among married and cohabiting couples in the United States. *J BiosocSci*. Vol. 27, PP. 135-150, 1995.
- [53] R.C. Rosen, G.A. Bachmann. Sexual well-being, happiness, and satisfaction, in women: the case for a new conceptual paradigm. *J Sex Marital Ther*. Vol. 34, PP.291-297, 2008.
- [54] S.E. Ross, B.C. Niebling, T.M. Heckert. Sources of stress among college students. *College Student Journal*. Vol. 33, PP. 312-318, 1999.
- [55] N. Said. Impact of dyspareunia on female sexuality. Msc thesis, Benha Faculty of Medicine, 2014.
- [56] H. Schlagintweit, K. Bailey, N. Rosen. A New baby in the bedroom: frequency and severity of postpartum sexual concerns and their associations with relationship satisfaction in new parent couples. *J Sex Med*. Vol. 13; 10, PP.1455-65, 2016.
- [57] H. Seyisoglu. Menopause and sexual life. In: Atasu T, editor. *Menopause treatment and cancer*. Istanbul, Turkey: Nobel Medical Publishing, pp. 385-396, 2001.
- [58] Z. Shadman, M. Akhoundan, N. Poorsoltan. Factors Associated With Sexual Function in Iranian Women With Type 2 Diabetes Mellitus: Partner Relationship as the Most Important Predictor. *Iran Red Crescent Med J*. Vol. 16(3), PP. e14941, 2014.
- [59] H. Stewart, L. Morison, R. White. Determinants of coital frequency among married women in central African Republic: The role of female genital cutting. *J BiosocSci*. Vol. 34 (4), PP.525 - 39, 2002.
- [60] Swedish statistics central Office (SCB). Living conditions of students in higher education, PP.2:556335/FULLTEXT01.pdf. Accessed 16 July, 2007.
- [61] P.S. Terrell. Adapting Institutions of Higher Education to Serve Adult Students' Needs. *NASPA Journal*. Vol. 27(3), PP.241-247, 1990.
- [62] J.M. Van Geelen, P.H. Van de Weijer, H.T. Arnolds. (Urogenital symptoms and their resulting discomfort in non-institutionalized 50-75 years old Dutch women. *Ned Tijdschr Geneesk*. Vol. 140(13), PP.713-716, 1996.
- [63] R.K. Westheimer, S. Lopater. *Human sexuality: A psychosocial perspective 2nd ed*. Philadelphia: Lippincott Williams & Williams, 2005.
- [64] H.C. Yeh, F.O. Lorenz, K.A.S. Wickrama. Relationships among sexual satisfaction, marital quality, and marital instability at midlife. *J Fam Psychol*. Vol. 20, PP.339-343, 2006.
- [65] I. Younis, M. Ibrahim. Female sexuality past the age of 40. *Hum Androl*. Vol. 4(4), PP.95-100, 2014.
- [66] I. Younis, A. Ibrahim, R.A. El-Helaly. Is there a difference in female sexuality in urban and rural areas: an Egyptian experience. Vol. 40(2), PP.112-117, 2019.