

Sexual Knowledge, Attitude and Behavior Among Egyptian and Jordanian Married Women. Transcultural Study

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ABSTRACT

Background: Sexual matters are rarely talked about or discussed in the Middle East countries. Research in this field is very limited, and sex education in a formal manner is absent. Sexual dysfunction is an important public health concern, and emotional and marital problems likely contribute to the experience of these problem. **Objective:** to have an idea about knowledge, attitude and behavior in sexual practice among Egyptian and Jordanians women. **Subjects and methods:** Sexual Knowledge, attitude and behavior are measured in 95 Egyptian and 150 Jordanians women and compared with each other. The Questionnaire was designed for this purpose. **Results:** A lot of wrong ideas and poor satisfaction are widely spread in both groups. **Conclusion:** A follow-up study should investigate how much and how far the pre-marital education program or counseling will impact marital relationships, especially marital communication skills, and also how parents' experience of attending pre-marital education program or counseling influence their children, next generation.

Key words: Sexual Knowledge, Sexual Attitude, Sexual Behavior Egypt, Jordan, Transcultural Study.

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INTRODUCTION

Human sexual behavior varies a lot. What determines this variation is unknown but it is likely that it has biological and social determinants. Regarding the behavior, it is less tied to biological factors; for example, it is not limited to a period of oestrus. Also the biologically determined sexual signals related to the breasts, pubic hair, buttocks, and lips are augmented in many cultures by the use of make-up, perfumes and clothing. In other cultures, clothing is used to hide these innate sexual signals by covering the arms, legs, and, in some societies, the women's face. Moreover, man's artistic abilities are used to produce erotic images and writing that increase sexual arousal¹. Social rules control the range of sexual behaviors that may be expressed. Sexual

relations between family members are widely prohibited by social rules and in law. Sexual relations with unrelated minors are also widely forbidden, though ages of consent vary in different societies. Some sexual behaviors were generally condemned in the past are now widely accepted. For example, in the late nineteenth century, masturbation was condemned in many countries as sinful and also harmful to health; now it is widely accepted as normal². In ancient Greece, homosexual relations were widely accepted; at the present time, they are generally accepted though condemned by some religious groups. Clinicians need to be aware of these variations in sexual behavior and attitudes, and refrain from imposing their own values

and attitudes on their patients. Epidemiological data would be of obvious value in developing appropriate service delivery and resource allocation models. Additionally, changing cultural attitudes and demographic shift in the population have highlighted the pervasiveness of sexual concerns in all ethnic and age groups³. This study addresses these issues by analyzing data on sexual education. This unique data source provides extensive information on key aspects of sexual behaviors, including sexual problems and dysfunction, health and lifestyle variables, and sociocultural predictors.

SUBJECTS AND METHODS

Our study is a prospective study comparing Egyptian and Jordanian women about sexual knowledge, attitude and behavior. It is a random sample consisting of 150 Jordanian female and 95 Egyptian women who attained the Falcon club in the first day of Eid Elfetr in Doha (Qatar). All women were subjected to answer questions about

sexual history taking. Questionnaire was specially designed taking in consideration how sensitive and difficult the issue of sex is. The questionnaire consisted of 3 parts. Part 1 includes the sources, standard of sexual knowledge and the desire to improve it, the importance of sex education, the orgasm, religion, masturbation, male sexuality, the effect of menses, pregnancy and birth on sex and seeking help for sexual problems. Part 2 is about the attitude towards sex education, sex in marriage, homosexuality, pornography, foreplay, successful intercourse, fantasy and fears, male masturbation and fear of pregnancy as well as sex along the female life. The 3rd part is concerned with practicing masturbation, taking initiative in sex, the preference of positions, time, day and place for sex. The husband ability to stimulate and excite the women, and talking about sex to husband, friends, sisters and specialists, the intention to inform the husband about this questionnaire, and the reaction to husband interest in pornography and any sexual deviations or problems⁴.

Table (1) the results of knowledge of the sex among the both group.

Knowledge of sex		Egyptian %	Jordanian%
Sources of Sexual Know	Husband	65.3	35.3
	Printed material	3.2	21.3
	Curricula	2.1	14.6*
	Friends	6.3	13.3
	Mother	4.2	4.6
	All the sources	17.9	34.0
Do you like to attend a course on sex?	Yes	46.3	52.6
Religion Prevent sexual education?	Yes	9.5	6.0
How important is sex for you?	Very important	10.5	38.0*
Orgasm is necessary in intercourse?	Yes	43.2	46.6
Education of children about sex?	Yes	22.1	24.6
Knowledge about masturbation?	Yes	74.7	54.6*
Knowledge about women masturbation?	Yes	58.9	65.3
Sex affection by:	Menstruation: Yes	67.4	62.0
	Pregnancy: Yes	70.5	29.3*
	Delivery: Yes	65.3	62.0

P value highly significant*

Table (2) the results of sexual attitude among the both group:

Attitude of the sex		Egyptian %	Jordanian%
Do support sex education?	Yes	78.9	62.6
Who should initiate sex?	Man	43.2	33.3
	women	5.2	3.2*
	Both	51.6	63.5
Homosexuality?	Forbidden	76.7	91.6*
	Wrong	17.4	5.3
	Freedom	5.9	0.0
Pornographic films?	I watch it	7.4	26.66
	I don't watch it	83.2	63.34*
	I watch it to please my husband	4.2	10.00
Foreplay?	Very important	72.6	66.0
	Important	17.9	32.0*
	Not important	5.3	2.0
Dose your husband finish intercourse after ejaculation immediately?	Yes	35.8	28.66*
How dose this affect you?	Upset	7.4	16.6
	Careless	11.6	8.6
	Masturbate	1.1	1.3
	Expected	8.4	10.0
	I don't know	71.5	63.5
When do you consider intercourse successful?	Penetration	1.1	3.3
	Having orgasm	10.5	10.0
	Satisfy your husband	9.5	8.0
	You both have orgasm	72.6	70.0
	I don't know	6.3	8.7
How long sexual activities continue in female life?	All her life	16.8	19.3
	Until menopause	9.5	10.0*
	Until 60y.	8.4	17.3
	I don't know	61.1	53.4
Dose it bother you if your husband masturbate?	Yes	78.9	72.6

P value highly significant*

Table (3): Result of sexual behavior among the both group:

Behaviors of the sex		Egyptian%	Jordanian%
Did you masturbate before marriage?	Yes	12.6	22.0*
Do you masturbate now?	Yes	4.2	17.3*
Do you initiate love making?	Yes	22.1	77.3*
The sexual position that you practice?	Husband up	28.4	20.6
	Diff. positions	63.2	79.4
Do you have a preferred day for sex?	Yes	15.8	16.0
Do you talk to your husband about sex?	A lot	16.8	22.0
	A little	64.2	65.3
	Never	14.7	12.7
Have you ever talked to a doctor about sex?	Yes	9.5	23.3*
Are you going to tell your husband about this questionnaire?	yes	55.8	61.3
Have you ever practiced perverted sex in your opinion?	Yes	3.2	4.0
Do you think you have sexual problem?	Yes	17.2	12.3
Do you like to ask an expert about sex?	Yes	28.4	33.3

P value highly significant*

RESULTS

The sample consists of 150 Jordanian women and 95 Egyptian women. The mean

of age was 33.6 for Jordanian and 37.03 $\pm$ 8.99 for Egyptian women. The mean

duration of marriage was (1-40) years, 9.94 in Jordanian women compare to 12.95 $\pm$ 6.58 in Egyptian women. Mean no of children (0-10) was 2.9 in Jordanian compare to 3.2 in Egyptian women

DISCUSSION

The current study was conducted to test sex education both in Egyptians and Jordanian women and they recommend their adult children to participate in pre-marital program or counseling or not. These questions were important to be answered to understand deep couple relationships. Sullivan and Bradbury, suggested that it is important to understand more about characteristics of people are satisfied with marriage⁵. It has commonly focused on fixing and improving couples' weaknesses, however, learning skills from successful couple relationships also help and strengthen marriages. Overall, the majority of the participants were educated, around 40 years old and in their first marriages. The average duration of marriage was from 1 to 40 years in both groups (mean 9.9 years for Jordanians and 12.9 for Egyptian women). Shiflett & Cummings, showed that the lower the age, the lower the income, the lower the education, parental divorce, lower marital satisfaction, higher neuroticism and higher stress were linked to declines in marital functioning⁶. Moreover, low income persons are more likely to have low quality, unsatisfying relationships⁷. Therefore, the results were supported by the past studies. Also, recent study showed that there was high risk of divorce in the second marriages. In addition the demographic characteristics of people who are satisfied with their marriages were high educated, from the middle and upper classes and in the first marriage⁸. The majority of couples

in both groups mainly in Egyptians women did not participated in premarital counseling or educational programs before they married, or marriage enhancement/strengthening programs or marital counseling and these results are highly significant. However, when the issue was about their children, majority of parents responded that they recommend their son and daughter to participate in premarital counseling or a marriage preparation course before they get married. This rate was higher in Jordanians more than Egyptians' but not statistically significant as previously reported¹.

According to SIECUS, the Sexuality Information and Education Council of the United States, 93% of adults they surveyed sexuality education in high school and 84% support it in junior high school. In fact, 88% of parents of junior high school students and 80% of parents of high school students believe that sex education in school makes it easier for them to talk to their adolescents about sex. Also, 92% of adolescents report that they want both to talk to their parents about sex and to have comprehensive in-school sex education. Egypt teaches knowledge about male and female reproductive systems, sexual organs, contraception and STDs in public schools at the second and third years of the middle-preparatory phase (when students are aged 12–14). A coordinated program between UNDP, UNICEF, and the ministries of health and education promotes sexual education at a larger scale in rural areas and spreads awareness of the dangers of female genital cutting⁹. Sex education normally covers all subjects concerning the growing-up process, body changes during puberty, emotions, the biological process of reproduction, sexual activity, partnership, homosexuality, unwanted pregnancies, the

complications of abortion, the dangers of sexual violence, child abuse, and sex-transmitted diseases, but sometimes also things like sex positions. Most schools offer courses on the correct usage of contraception¹⁰. One approach to sex education is to view it as necessary to reduce risk behaviors such as unprotected sex, and equip individuals to make informed decisions about their personal sexual activity¹¹.

Another viewpoint on sex education, historically inspired by sexologists like Wilhem Reich and psychologists as Sigmund Freud and James W. Prescott holds what is at stake in sex education as its control over the body and liberation from social control. Proponents of this view tend to see the political question as whether the society or the individual should teach sexual mores. Sexual education may thus be seen as providing individuals with the knowledge necessary to liberate themselves from socially organized sexual oppression and to make up their own minds. In addition, sexual oppression may be viewed as socially harmful¹².

Another sex education debated the question of whether the state or the family should teach sexual mores. They believe that sexual mores should be left to the family, and sex-education represents state interference. They claim that some sex education curricula break down pre-existing notions of modesty and encourage acceptance of practices that those advocating this viewpoint deem immoral, such as homosexuality and premarital sex. They cite web sites such as that of the Coalition for Positive Sexuality as examples. Naturally, those that believe that homosexuality and premarital sex are a normal part of the range of human sexuality

disagree with them¹³. In this study 76.6% of Jordanians female in comparison of 91.6 of Egyptians female thought that homosexuality is forbidden and this result is statistically significant. Some people do not agree with comprehensive sexual education that refers or discusses such practices, believing that including this additional information might be seen as encouraging homosexual behavior. Proponents of such comprehensive curricula hold that by excluding discussion of these issues or the issues of homosexuality, bisexuality or transgenderedness feelings of isolation, loneliness, guilt and shame as well as depression are made much worse for students who believe they may belong to one of these categories, or are unsure of their sexual identity¹⁴. Supporters of comprehensive sexuality education argue that this information is still useful, relevant and reduces the likelihood of suicide, sexually transmitted disease, 'acting out' and maladaptive behavior in these students. In the absence of such discussion, these youths are said to be *de facto* forced to remain in the closet, while youths are left without guidance on dealing with their own possible same-gender attractions and with their LGBT classmates. Supporters of comprehensive sex education programs argue that abstinence-only curricula (that advocate that youth should abstain from sex until marriage) ignore and marginalize lesbian, gay, bisexual, and transgender youth, who are often unable to marry a partner due to legal restrictions¹³. Proponents of abstinence-only education often have a more conservative view of homosexuality and bisexuality and are against them being taught as normal, acceptable orientations or placed in equal footing to heterosexual acts/relations, and so they generally do not see this as a

problem. Supporters of comprehensive programs feel that this is a major problem as it could lead LGBT youth to feel even more alienated and ashamed of their sexual orientation¹⁵.

Religious affiliation does not stop participants from sex education in both groups and the results are highly significant. These results were supported with other results evaluating the effectiveness of premarital preventing programs as premarital counseling/education program participants were more religious more frequently attending religious services than people who did not¹⁶. The differences were significantly large in husbands. Many religions teach that sexual behavior outside of marriage is immoral, so their adherents feel that this morality should be taught as part of sex education. Other religious conservatives believe that sexual knowledge is unavoidable, hence their preference for curricula based on abstinence¹⁷.

As regard sex satisfaction and sexual activity our participants show that foreplay is very important in 66% of Jordanians female in comparison to 72% of Egyptian female and 70% of Jordanians female consider intercourse successful when both have orgasm in comparison to 72.6% of Egyptian female also 28.6 % of Jordanians husbands finish intercourse after ejaculation immediately in comparison to 35.8% of Egyptians husband. All these results and another results of sexual satisfaction show that there is a big problem in both groups and a lot of wrong ideas and poor satisfaction are widely spread in both groups. These results may have a role in increase percentage of marital problem, weakness and divorce. Recent statistics and

research revealed that the marriage rate has declined because of an increased age of first marriage, increased in the never-married population, the number of cohabitating couples has increased, and the divorce rate has remained as high as about 50%. These trends occurred because people seek more individual satisfaction and happiness in their marriage and/or relationships⁸.

CONCLUSION

Marriage is ideal for many people, and they are looking for a healthy and better marriage in their lives. The government must make efforts to strengthen, preserve and promote marriage, and one example of the efforts is the premarital education programs. The majority of divorce occurred in the early years of marriage suggesting the need for better marital preparation. Many studies showed that marital enrichment programs are effective in improving relationship skills and satisfaction.

LIMITATION OF THE STUDY

Unfortunately, there were some limitations of this study. First, the number of people who participated in the research is small and we need more number of participants to generalize the data to population. Second, even though there were some variations, the majority of couples were from middle and high class. Since the data did not have cultural diversity, the results of this study may not represent diverse population. For future research, a follow-up study can be conducted to investigate how much and how far the pre-marital education program or counseling will impact marital relationships, especially marital

communication skills and also how parents experience of attending pre-marital education program or counseling influence their children, next generation.

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