

Sexual Behaviour in Turkish Women: Kayseri Case

Türk Kadınlarında Cinsel Davranış: Kayseri Örneği

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Abstract

This study examines sexual identity and orientation of Woman in Turkey. Sexuality is a subject that has been handled with clinical studies around the world for contemporary years. Research on sexuality is limited and mostly based on myths in Turkey. Therefore, this study is considered to provide useful sources on sexuality since it was conducted in Kayseri, a typical Anatolian Turkish city. Women's sexuality has been dealt with in the context of the Sexofunctional Theory of François de Carufel, which focus on sexuality in a holistic approach. According to this theory, human sexuality is a structure that includes physical integrity, sexual functioning, sexual and social communication dimensions. 120 female patients agreed to participate in this study. Participants were selected through the purposive sampling technique. Semi-constructed questionnaires were utilized for data collection. The items on the questionnaire were prepared by researchers based on previous research papers. The results revealed that female sexuality starts with interactions during their adolescence and continues as a sexual partnership in adulthood. Participants were found to be open minded about sexual behaviors with their spouses. However, it has been seen that women should have more knowledge in topics such as sexual functioning, autoerotism, the influence of social norms on sexuality.

Keywords: Female Sexuality, Sexofunctional Approach, Sexology

Öz

Bu çalışmada, Türkiye'deki kadının cinsel kimliği ve yönelimi incelenmiştir. Cinsellik, son yıllarda dünya çapında klinik çalışmalarla daha fazlaca ele alınan bir konudur. Türkiye'de cinsellik üzerine yapılan araştırmalar sınırlı ve çoğunlukla cinsellik ile ilgili mitler üzerine yapılmıştır. Bu çalışma özgün bir Anadolu kenti olan Kayseri'de cinsellik konusunda yapılan bir çalışma olduğundan, çalışmanın ülkemizde yapılacak araştırmalar için yararlı bir kaynak olacağı düşünülmektedir. Kadın cinselliğini bütünsel bir yaklaşımla cinsellik üzerine odaklanan François de Carufel' in Seksüel İşlevsellik Teorisi bağlamında ele alınmıştır. Bu teoriye; göre, insan cinselliği, fiziksel bütünlüğü, cinsel işlevselliği, cinsel ve sosyal iletişim boyutlarını içeren bir yapıdır. 120 kadın hasta bu çalışmaya katılmayı kabul etmiştir. Katılımcılar amaçlı örnekleme tekniği ile seçilmiştir. Veriler, yarı yapılandırılmış anketler ile toplanmıştır. Anket maddeleri, daha önce yapılan araştırmalardan yararlanılarak araştırmacılar tarafından hazırlanmıştır. Elde edilen sonuçlar, kadın cinselliğinin ergenlik dönemindeki etkileşimlerle başladığını ve yetişkinlikte cinsel ortaklık olarak devam ettiğini ortaya koymuştur. Katılımcıların eşleri ile cinsel davranışları hakkında açık fikirli oldukları elde edilmiştir. Öte yandan, kadınların cinsel işlevsellik, oterotizm, toplumsal normların cinsellik üzerindeki etkisi gibi konularda daha fazla bilgiye sahip olmaları gerektiği görülmüştür. **Anahtar Kelimeler:** Kadın Cinselliği, Seksosofonksiyonel Yaklaşım, Seksoloji

Introduction

Theoretical framework of this research is aligned with the sexofunctional approach of Carufel, which deals with a holistic approach to human sexuality. In this context, such behavior includes integrity of the biological-physiological structure, sexual functioning, relational and social communication dimensions (1).

Investigations on sexual behaviors of individuals generally focus on sexual problems based on clinical studies. Outside the clinic, studies began in the mid-20th century. One of the frontiers in this important area was Alfred Kinsey of USA (2). Later, Masters and Johnson research team pioneered in the nature of human sexuality. They thoroughly examined human

sexual behaviors and addressed sexual arousal and corresponding physiological and emotional processes between 1954-1968 (3). Similarly, Pascal De Sutter drew attention to non-clinical approaches and pointed out positive effects of the sex life on health and happiness (4).

Sexual functionality is divided into two main categories: sexual position and managing sexual tension. The position depends on gender, sexual orientation and behavior. Functional management of the sexual tension is the ability to gradually manage tension related to sexual arousal and desire during intercourse (1). Early researches on sexual functioning (5) defined its phases as start, plateau, orgasm and thaw cycles (2). 20-30-minute foreplay and 8-10-minute penetration are recommended for it.

It is not limited for human to how to behave when it comes to sexual activities. It is the total of physical, emotional and spiritual responses. Biological dimensions of human sexuality include four main components: physiological, relational, biological and social (6, 7).

Physiological activations involving sexual arousal, penis, vagina and other changes are accompanied with emotional activities such as desire, pleasure, love, affection, anxiety and fear during the sexual tension. Sexual arousal,

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physiological and emotional activations, appropriate sexual behavior and cognition (perception, fantasies) function simultaneously (1).

Relational dimension in sexuality primarily involves couple relations involving romantic gesture, affection and communication about the sexual issues. Sexual arousal and intercourse may occur with any partner, long-term or one night, with or without love (8). Long-term relation and rate emphasize mutual perception and communication.

Communication is critical before, during and after the intercourse. It affects physical and emotional satisfaction. Previously, if partner selection and common signals match, intimacy commences (9, 10). Behaviors such as pleasant gaze, childish jokes, undressing, removing condom, rapid breathing, and passionate stroke are observed (11). Regular couples usually experience front verbal communication followed by non-verbal communication and behaviors (10). Post-coitus interactions increase satisfaction and set the ground for next intercourse. It softens couple and allows them to talk about experiences and preferences. Mutual admiration eases the sexual performance (3, 8).

Social dimension contains respect towards mutual, social and sexual norms of the society in which they live in. Our participants were selected socially and culturally active for research purposes. However, since city culture in Kayseri have traditional culture, people mostly could not present their true emotions. If functions of the aforementioned four dimensions are maintained, man and woman will experience pleasure-centered sexuality.

In this study, biological structure and functionality of the participants are accepted as fully developed and complete. Their biological social gender identity, sexual identity, and orientations were similarly similar. They were sexually active and not virgin. The functional dimension of female sexual behavior was discussed. In addition, sexual information, first sexual experience, intercourse frequency, foreplay and penetration times, pre-intercourse and post-coitus behavior, satisfaction levels, fantasies and unusual intercourse behaviors were examined.

The main reason for this study was due to the fact that very few studies were conducted on sexual functioning in Turkey. Studies mostly focused on sexual tendencies before marriage and ethical issues (12), tradition and culture in women sexuality (13, 14), myths (15) and taboos (16-18). Some findings of such studies included: Honor and virginity are considered in the same content (13); sexuality is not discussed in the family and some of the expressed that masturbation is a sin (12); traditions determine how women should live sexuality throughout her life (14, 15); male and females believe that virginity is a taboo (16).

The current study aimed to investigate the sexual behaviors of Turkish women in order to show if any tendencies exist among demographic characteristics, sexual identity and orientations.

Material and Method

Participants: A total of 120 adult female participants agreed to participate in the study. The sample was selected with purposive sampling technique (19). Purposive sampling is a non-probability sampling method in the case where sample elements are chosen by the judgement of the researcher. It helps researchers to be able to select a homogeneous participant with diverse characteristics. Conditions to be included in this study was that the participants were sexually active and had partners. The participants did not have any mental or specific physical illnesses. They were healthy females who visited family doctors. Purposive sampling permitted a systematic way to find about their sexual functioning behaviors in a central Anatolian city. For this reason, the findings are limited to the females who share their sexual behaviors and live in a similar environment.

This study was designed with a mix-methodology. The findings were analyzed based on percentages and tendencies of their responses.

Kayseri is a mid-size, average economic status and typical central Anatolian city. Two public and one private university were situated, which enhance its cultural and social level.

The questionnaire items enclosed data about participant's biological sexual identity, gender identity and sexual orientation. The participants shared their biological structure and sexual functioning. Following the ethics committee approval, data collection process was conducted in spring semester of the 2017-18 academic year.

The ages of the patients ranged between 23 and 57 with an average of 33 years. Majority of them (96%) were either married or living with a partner. The remaining (4%) had a partner, but they were separated at the time of the study. Most of them held high school or college degree. The demographic characteristics were illustrated below Table 1.

Table 1. Demographic characteristics of the participants

Age	
Average	33
Range	23-57
Std. Dev	7
Marital Status	
n (%)	
Married/Together	115 (95)
Lover/Partner	2 (2)
Single	2 (2)
Separated	1 (1)
Educational Level	
n (%)	
Elementary	17 (14)
High School	43 (36)
College	60 (50)

Data Collection: Data collection were accomplished with two different questionnaires. First one, Demographic Information Form, was used to gather participants' sociodemographic information including age, gender, profession, residency. It was created by the researchers by utilizing inventories previously developed by other researchers.

Second form was Sexual Story Taking Form, generated with inventories including Sexual History Form (20), Couple and Sexuality Inventory (2, 21), an Inventory for the Measurement of Female Sexual Arousal (22), Sexual Interaction Inventory (23, 24) and Marital Attitude Survey (24). The questions about the sexual identity and orientation were structured by taking the relevant theoretical framework into consideration (25). Sexual Story Taking Form was created to investigate sexual behaviors consisting of 30 structured and unstructured items. The inventories utilized for this form were validated and their reliability was acceptable. It consists of four main parts 'sexual behavior, foreplay, sexual relation, post-coitus' as well as social gender and sexual orientation.

Results

Findings were analyzed according to the responses by the participants. They were evaluated and analyzed with the use of SPSS v. 18.0. We summarized the findings in the following sections.

Sexual Functioning:The questionnaire part, in which the participants were asked about their sexual functioning, involved 18 items. Their responses were illustrated on Table 2.

82 (%68) participants indicated that they had sexual desire toward men during adolescence. Related to this question, they were asked "Whom did you have sexual desire during adolescence?" 63 of them (53%) expressed their fiancée or friends. Interestingly, of them, 39 participants did not want to reply to it.

Of them, 38 participants had sexual intercourse, 23 were platonic with their adolescence lovers. 44 of them did not want to answer what they had experienced with their partners.

Participants responded to the adult sexual functioning questions. 104 of them (%87) said that they had sexual interest in others. Most of them (N=87) stated that they had interest in their spouse or lover. 18 participants (%15) refused to give responses to his question.

Concerning with what types of sexual behavior they experienced during adulthood, 60 (%50) responded as sexual intercourse and 28 (%23) had erotic interaction. Almost one of them did sexual experience during adulthood.

When asked about their sexual satisfaction levels, 86 of them (%72) showed 7 and indicated above satisfied. Most of them (%78) did not

masturbate. About 2/3 of the participants (%67) indicated fantasies on sexual functioning but only half of them did it with their partners. Their partners had higher (%70) sexual fantasy idea than the participants. Most of the participants (%81) and their partners (%66) wished unusual sexual activity requests.

64 participants (%53) stated that they had intercourse frequency of at least twice a week. Only 4 of them (%3) never had a sexual interaction in their relationship. 64 (%53) preferred it during the night time. 75 of them (%63) preferred their bedroom.

Table 2. General information about sexual functioning

	n (%)
<i>Sexuality During Adolescence</i>	
Yes	82 (68)
No	15 (13)
No response	23 (19)
<i>Who were you interested in during adolescence</i>	
Spouse	3 (3)
Lover/ Fiancée	39 (33)
Friend/Neighbor	24 (20)
Other	15 (12)
No response	39 (33)
<i>Sexual Behavior</i>	
Emotional/sexual talking	2 (2)
Erotic interaction	38 (32)
Masturbation	4 (3)
Sexual intercourse	2 (2)
Nothing	7 (6)
Other	23 (19)
No response	44 (37)
<i>Do you masturbate?</i>	
Yes	27 (23)
No	93 (77)
<i>Where do you have sex?</i>	
Bedroom	75 (63)
Different place at home	31 (25)
Other	14 (12)
<i>Times for Sexual Interaction</i>	
During day	17 (14)
Night time	64 (53)
Erratic	38 (32)
No response	1 (1)
<i>Sexuality During Adult</i>	
Yes	104 (87)
No	2 (2)
No response	14 (11)
<i>Who were you interested during adulthood?</i>	
Spouse	74 (62)
Lover/ Fiancée	13 (11)
Friend/Neighbor	9 (7)
Other	6 (5)
No response	18 (15)
<i>Sexual Behavior</i>	
Emotional/sexual talking	1 (1)
Erotic interaction	28 (23)
Sexual intercourse	60 (50)
Nothing	4 (3)
Other	5 (4)
No response	22 (18)
<i>Unusual Sexual Request</i>	
Yes	23 (19)
No	97 (81)

<i>Sexual intercourse frequency</i>		
Daily	9	(7)
Once a week	15	(13)
More than twice a week	64	(53)
Once every two weeks	19	(16)
Once a month	6	(5)
Once every other month	3	(3)
NAA	4	(3)
<i>Talk sexual issues with partner?</i>		
Yes	104	(87)
No	16	(13)
<i>Do you have sexual fantasy?</i>		
Yes	79	(66)
No	39	(32)
No response	2	(2)
<i>How do you do fantasy?</i>		
Only myself	12	(10)
Share with partner	16	(14)
Do it together	46	(38)
No response	46	(38)
<i>Does your partner have fantasy?</i>		
Yes	84	(70)
No	36	(3)
<i>How does he do fantasy?</i>		
Only himself	11	(9)
Share with partner	26	(22)
Do it together	49	(41)
No response	34	(28)
<i>Does your partner have unusual sexual request?</i>		
Yes	41	(34)
No	79	(66)
<i>How do you rate your sexual life in general?</i>		
0	2	(1)
2	3	(2)
3	8	(7)
4	7	(6)
5	6	(5)
6	8	(7)
7	20	(17)
8	35	(29)
9	14	(12)
10	17	(14)

Sexual Intercourse Process

Foreplay: Approximately 90% of the participants indicated that they experienced foreplay between 6-20 minutes. They also stated that more than 70% of their partners spent enough time for foreplay and cared about it. 90% of them expressed that they cared about foreplay.

Based on research, foreplay should take place for 20-30 minutes to get maximum satisfaction during sexual intercourse. Conversely, few participants (8%) spent enough time for foreplay.

The Intravaginal Ejaculation Latency Time (IELT)

The IELT is the time from penetration to ejaculation. 70 (60%) of the participants experienced penetration for about 2-5 minutes per intercourse. The weighted average IELT for the whole group was about 6 minutes. The IELT goes down as people get older. Extraordinarily, 1 out of 4 females expressed that they experienced intercourse time for more than 11 minutes. In addition, no significant difference was found related to the question on experiencing orgasm during the intercourse.

Table 3. Foreplay times

<i>Foreplay time</i>	<i>n (%)</i>
0-5 min.	19 (16)
6-10 min.	42 (35)
11-20 min.	47 (39)
21-30 min.	10 (8)
31+	2 (2)
<i>Partner spend enough time for foreplay?</i>	
Yes	87 (73)
No	33 (27)
<i>You care for foreplay?</i>	
Yes	110 (92)
No	10 (8)
<i>Partner cares foreplay?</i>	
Yes	91 (76)
No	29 (24)

Table 4. Sexual intercourse process

<i>The Intravaginal Ejaculation Latency Time (IELT)</i>	<i>n (%)</i>
No penetration	1 (1)
0-1 mins	10 (8)
2-3 mins	23 (19)
4-5 mins	29 (24)
6-8 mins	20 (17)
9-10 mins	12 (10)
11+ mins	25 (21)
<i>Average IELT: 6 min.</i>	
<i>Do you get orgasm during sex?</i>	
Yes	65 (54)
No	55 (46)

Post-Coitus Process

Regarding questions about after the intercourse, majority of the participants (75%) indicated that they experienced oral and physical interactions. It is interesting that 1/5 of them said that she and her partner remained silent.

Table 5. Post-coitus process

<i>Behaviors after sexual intercourse</i>	<i>n (%)</i>
Oral interaction	47 (39)
Physical interaction	18 (25)
Oral and Physical interaction	23 (19)
Negative interaction	2 (2)
Unresponsiveness	26 (22)
Other	1 (1)
No response	3 (2)

Discussion

Sexual Functioning:

This study is also important in terms of providing information about the sexual issues such as foreplay, intercourse and post-coitus process outside the clinic. According to the findings, the higher her educational level, the likelihood of speaking about intimacy on sexual issues.

We discussed sexual identity and orientation as two stages of adolescence and adulthood (18+). The majority of women stated common interest in lover, spouse, partner and friend during adolescence.

However, very few of them had intercourse. The participants who said no intercourse and were not willing to answer to this question was very high. Although the researchers told them their responses would be confidential, they probably still hesitated to give answers regarding their adolescence sex life. More participants were interested in sex during their adulthood. 9 out of 10 had experienced an intercourse during this period. Half of the females expressed regular sexuality in adulthood. When marital status of them is considered, it is seen that marriage plays an essential role.

Most participants reported that they could talk about intimacy with their partners. This shows that couples had affective communication in their sex life. Most of them also stated that they had sexual fantasies and easily could talk about them with their partners. Men's fantasies and rate of expressing and performing were higher than women (26, 27). Zurbriggen and Yost (26) expressed that although men's fantasies more focused on the sexual act itself, they often referenced certain body parts involving pieces their own and partner's anatomy. However, considering the cultural environment women live in, rate of expressing fantasies were found to be higher than expected. Also, more men asked their partners some new variants including doggy position, group sex, sex in the car or hotel, oral sex and anal intercourse (28).

Majority of the participants said that they did not masturbate, and this result was shocking and unusual when compared to similar studies conducted in European countries (4, 7). This result showed that probably they wished to masturbate but they could not perform due to social and cultural pressures. Similarly, Pinkerton and others (23, 29) reported that women with dual life were hesitant to express masturbation.

Sexual Intercourse Process:

More female participants indicated that they had twice or more intercourse per week. When this is compared with international counterparts, it lies in the same course (1,4). Including the participants who engaged in sexual activity at least once a week, this rate goes up to %74 (N=88). 75 (63%) of them had intercourse in bedroom and more than half of them do it during night hours.

Shorter foreplay time and not enough appropriate sexual interactions might result in decrease in satisfaction (28). Insufficient physiological stimulation, vaginal dryness or pain during intercourse might cause such issues (28) and it may result in sexuality disorder. However, this is probably not the case as they expressed they spent enough time and give importance for foreplay as couples.

As indicated in Table 4, average vaginal stay (IELT) was less than 5 minutes for most of the participants with a median of 6 minutes. This is compatible with previous notional and international

studies (30, 31, 32). However, Waldinger et al. (30) reported that the median IELT was around 3.7 minutes (0.9–30.4 minutes) in Turkey. Therefore, our result was somewhat higher than their results. This might be due to cultural differences and premature ejaculation (32). Also, it probably causes women are unable to have orgasm in this short period of time because they need about 8-10-minute for vaginal stimulation to have orgasm (33). This guess is supported by the fact that more than half of the participants reported to have orgasm.

The participants and their partners' body language and verbal communication to sexually arouse each other such as erotic clothes, touching, gazing and dirty words.

Post-coitus conversation is very important for couples to complete an intercourse and prepare for the next ones (28). Most of the participants indicated they communicated to express how satisfied and enjoyed with it verbally and in body language. This extends intimate ambiance, allowing for mutual liking and anticipation. The level of the participants' satisfaction in their sex life was comparatively high (%80). This result coincides with the positive perception of sexuality in general (34).

Conclusion:

The participants were found to experience an intercourse during adolescence. This suggests that it is important to inform or teach young adolescence about the sexuality. Because sexual interaction and related information before marriage are main factor that affect sexual life in marriage. Love and emotional attachments, mental activities, fantasies, extraordinary sexual behavior, communication, autoerotism, and masturbation play important role for satisfaction in intercourse. For this reason, couples should have more information about it.

One of the main findings were that some of the participants did not masturbate or they hide even if they did. This result is not surprising as most of them consider masturbation as taboo (16, 17). They also stated oral sex and anal sex as two of their fantasies for sexual functioning and such a result is aligned with previous findings because they are not considered as taboo (16).

In conclusion, sexuality in Turkey is generally perceived as prohibited to discuss with younger generations (12) and even adults mostly prefer not to talk about it. This is characteristic due to traditional, cultural and religious standpoints towards women. Such features should be studied in further details because they are fundamental factors affecting sexual functioning.

This research is expected serve as a landmark toward well grasping and analyzing sexual behaviors. Since the sample size and local participants were selected, it can only be generalized in similar conditions. Additional and comprehensive studies should be conducted to acquire broader material.

Ethics Committee Approval: The current research design and proposal were approved by Nuh Naci Yazgan University ethics committee on February 2, 2018.

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