



Orgasm and women's waist circumference



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ABSTRACT

Objective: Given that adiposity is related to poorer female sexual function, among many other health problems, the present study aimed at testing the hypothesis that larger waist circumference, an index of subcutaneous and abdominal fat mass, is associated with lack of specifically vaginal orgasm.

Study design One hundred and twenty Portuguese women of reproductive age had their waist measured and reported their past month frequency of penile–vaginal intercourse (PVI), vaginal orgasm, orgasm from clitoral masturbation during PVI, non-coital partnered sex (in the absence of same-day PVI), non-coital partnered sex orgasm (regardless of same-day PVI), masturbation, and masturbation orgasm. **Results:** In both simple and partial correlations (controlling for age, social desirability responding, relationship status, and cohabitation status), larger waist circumference was associated with lack of any vaginal orgasm and with having masturbated in the past month. In a multiple regression, larger waist circumference was independently predicted by lesser frequency of vaginal orgasm, greater frequency of masturbation, and older age.

Conclusion: Abdominal fat mass appears to be adversely associated with lesser capacity for vaginal orgasm, but not for orgasms from other sexual activities. Results are discussed in the context of vaginal orgasm being relatively more contingent on situations of increased fitness in both partners.

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Introduction

Although the internal structures of the clitoris may have a role in sexual arousal before or during penile–vaginal intercourse (PVI), penile stimulation of the vagina is likely to create qualitatively different arousal and orgasms compared to stimulation focused on the clitoral glans. In addition to specific sensory qualities unique to PVI, there is evidence that (a) vaginal and cervical stimulation involves activation of different peripheral neurophysiological pathways and brain somatosensory cortex regions than clitoral stimulation [1]; (b) the likelihood of vaginal orgasm (attained by PVI without simultaneous clitoral masturbation) is associated with arousability from deep vaginal stimulation, but not with arousability from vulvar or clitoral stimulation [2]; and (c) vaginal and clitoral stimulation even produce functional differences at the root of clitoris [3]. Thus, the differences between vaginal orgasms and orgasms from other triggers involve physiological differences between internal stimulation by penis and by other forms of

stimulation. This differentiation is crucial, as vaginal orgasm is consistently associated with a host of indicators of better health and relationship quality, which is not the case for orgasms attained by non-coital sex or even by clitoral masturbation during PVI [4–6].

These findings led to the development of the theory that vaginal orgasm evolved to promote PVI and consequent gene transmission in situations of better fitness potential of the woman and/or her male partner(s) [7]. Accordingly, vaginal orgasm and the incentive to engage in PVI would be expected to be relatively more contingent upon the health of the woman and/or the male partner(s) than non-coital sex orgasm and the incentive to non-coital sex, which does not have the possibility of gene transmission. This theory is a more specific extension of the mate choice theory of female orgasm.

Obesity and overweight are associated (independently of age) with impaired female sexual function [8–10], among many other physical and mental health problems [11,12]. Accordingly, adiposity is related to more orgasmic difficulties in women, as measured by the Female Sexual Function Index (FSFI) [8,9,13], a scale which unfortunately does not differentiate vaginal orgasm from other orgasm triggers. However, given that adiposity is associated with poorer physical and mental health [11,12], it is expected that

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excess weight contributes to lesser likelihood of vaginal orgasm, but not to difficulties in having orgasms by other means. Some empirical evidence suggests a link between slimness and greater frequency of PVI, but not other sexual activities: in a large nationally representative Czech sample, women's slimmer waist was associated with greater PVI frequency, independently of age [14]; in a nonclinical sample of German women, larger hips were associated with lesser PVI frequency, but unrelated to frequency of non-coital partnered sex (in the absence of same day PVI) and of solitary masturbation [15].

Thus, the present study tests the hypothesis that greater vaginal orgasm frequency is associated with a smaller waist circumference, an important index of subcutaneous and abdominal fat mass.

Materials and methods

Participants

One hundred and forty-one women participated in a laboratory study after giving informed consent, and as part of the protocol, they reported their past month frequency of various sexual behaviors in anonymous and confidential questionnaires, and reported if they had a regular sexual partner, and if they were cohabiting with a sexual partner. At the conclusion of the session, waist circumference was measured at the level of the umbilicus with a metric tape by the experimenter or an assistant, both blind to sexual behavior reports. For the present study, only 120 women were included in the analyses, after exclusion of women who were breastfeeding ($N = 1$), taking antidepressants ($N = 10$), in the menopause ($N = 3$), or not providing sexual behavior data ($N = 10$). One hundred and seventeen of the 120 were university students participating in the experiment in exchange for course credit, and three were unpaid volunteers from the community. The study was conducted in accordance with the ethical procedures of ISPA—Instituto Universitário (Lisbon, Portugal)—and complied with the Declaration of Helsinki (all participants were made aware of their right to discontinue participation at any time, and were made aware of the anonymity and confidentiality of their data).

Measures

Participants reported their past month frequency (days) of PVI, orgasm during PVI *without* direct clitoral stimulation, orgasm during PVI *with* direct clitoral stimulation, non-coital partnered sex (without same-day PVI), non-coital partnered sex orgasm (regardless of same-day PVI), masturbation, and masturbation orgasm [5].

The possibility of social desirability response bias was assessed with a 13-item short version of the Marlowe–Crowne Social Desirability Scale [16].

Statistical analyses

Simple linear and partial correlations controlling for age, relationship status, cohabitation status, and social desirability responding were used to examine the relationships between waist circumference and sexual behaviors.

Because the frequency of some different partnered sexual behaviors tend to intercorrelate, sometimes their ultimate differential relationships with a given variable may become obscured by intercorrelations (such as those due to a non-coital activity being foreplay to PVI), unless multivariate analyses with several sexual behaviors as independent variables are used to disentangle the specific relationships [5,6,17–19]. This procedure has previously revealed a more consistent cross-cultural confirmation that PVI and vaginal orgasm are the sexual activities most consistently related to better health, better relationship satisfaction, and greater sexual

satisfaction [5,17]. Thus, multiple regressions (using the backward exclusion method to provide a good balance of stability and statistical power) were conducted with waist circumference as the dependent variable, and the frequencies of the various orgasm triggers, age, social desirability responding, relationship status, and cohabitation, as independent variables. Regression entry threshold was $p = 0.05$ and removal threshold was $p = 0.10$.

The sample size is adequate, given the expected effect size from a previous study showing that slimmer hips correlated with greater recalled PVI frequency in a sample of 59 women ($r = -0.31$, $p = 0.002$) [15]. The present sample of 120 women has an adequate power (>0.80) to detect an even smaller statistical effect of $r = 0.25$.

Results

Sample characteristics

Descriptive statistics for demographics and sexual behaviors are displayed in Tables 1 and 2, respectively.

Correlations

Table 3 depicts simple linear correlations and partial correlations (controlling for age, social desirability responding, relationship status, and cohabitation status) between waist circumference and sexual behaviors. In both simple and partial correlations, having any past month occurrence of vaginal orgasm was associated with a slimmer waist. In contrast, having masturbated in the past month was associated with a larger waist.

The mean waist circumference of participants who had any past month vaginal orgasm was 73.59 cm (SD = 8.64), in contrast to the 77.44 cm (SD = 10.32) mean waist of those participants who had no vaginal orgasm in that period ($t = 2.22$, $p = 0.03$). The mean waist circumference of participants who masturbated in the past month was 78.24 cm (SD = 10.11), in contrast to the 73.50 cm (SD = 8.54) of those who did not masturbate in that period ($t = 2.71$, $p = 0.008$).

Multiple regressions

A multiple regression was performed predicting waist circumference from age, social desirability responding score, relationship status, cohabitation status, and past month frequencies of vaginal orgasm, orgasm from clitoral masturbation during PVI, non-coital partnered sex orgasm, and masturbation. The independent predictors of waist circumference were lesser frequency of vaginal orgasm ($\beta = -0.22$, $p = 0.01$), greater masturbation frequency ($\beta = 0.21$, $p = 0.02$), and older age ($\beta = 0.30$, $p = 0.001$); multiple $R = 0.41$.

Table 1
Demographics ($N = 120$).

	Mean (SD) or % (N)
Age (years)	22.38 (6.51)
Waist circumference (cm)	75.39 (9.62)
Involved in an ongoing relationship (%)	75.5 (87)
Relationship duration (months) ^a	45.86 (61.93)
Cohabiting (%)	10.08 (13)
<i>Sexuality best described as</i>	
Only with the opposite sex (%)	87.5 (105)
Mostly with the opposite sex (%)	7.5 (9)
About equally with opposite and same sex (%)	0.8 (1)
Mostly with same sex	1.7 (2)
Only with same sex (%)	2.5 (3)

SD = standard deviation

^a Relationship duration (months); median = 28.00

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