SEXUALITY AND FAMILY PLANNING IN EGYPTIAN WOMEN

THESIS

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BY

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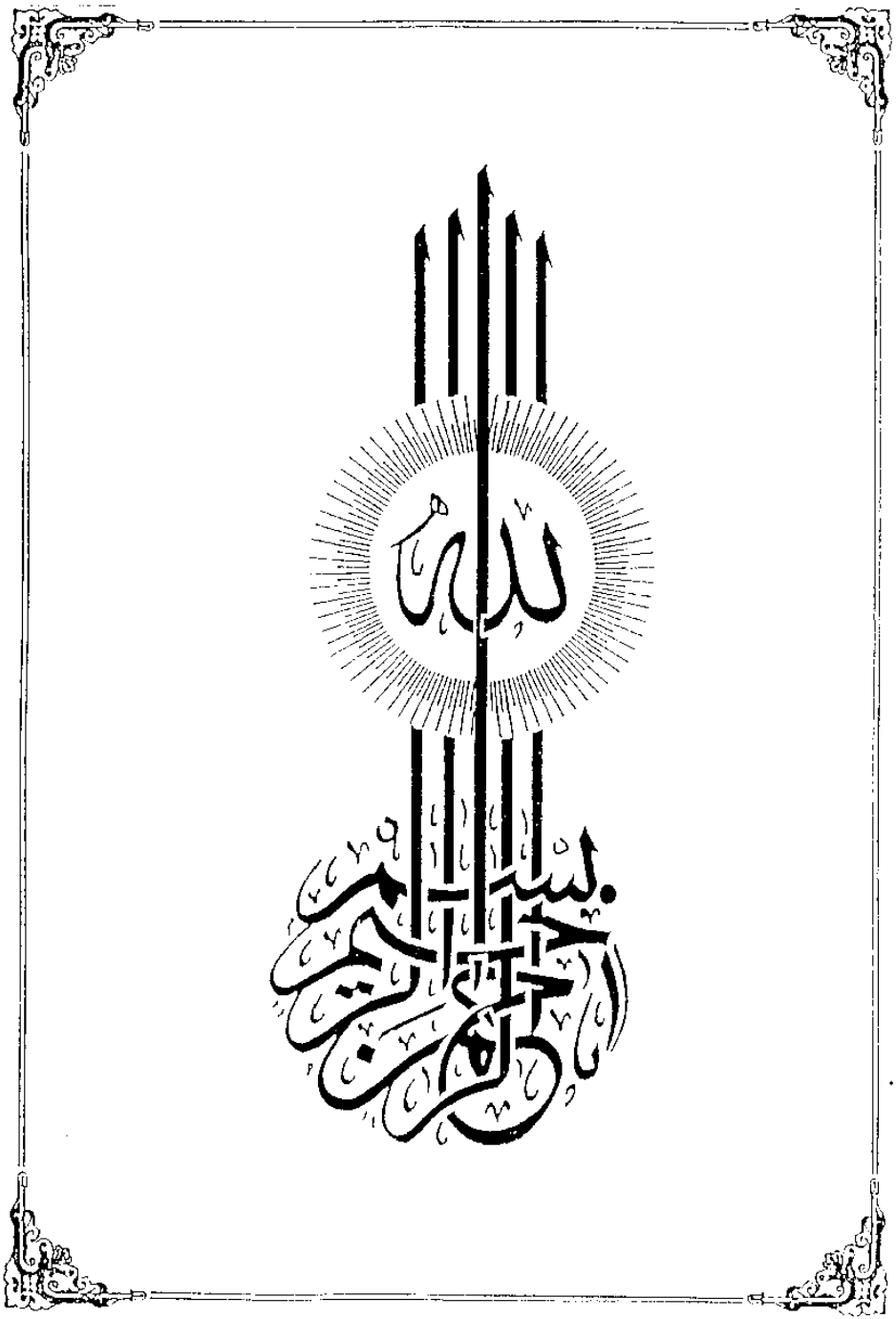

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CONTENTS

Introduction

Human sexuality is part of Man'snature and part of God's creation. It is a natural process as breathing and eating. Throughout human history religion and tradition were the main source of information concerning sexuality while scientific study of sex began in the late nineteenth century aiming for understanding the biological aspects of sexuality, sexual behaviour, sexual deviation and sexual problems. The development of attitudes to sexuality is influenced by laws of the society, religion, education, tradition and social class. Differences and difficulties in social, religious and cultural beliefs may affect the interpersonal relations of couples, since sexuality is one of the factors that hold the family together. little is known about the effects of religion, social class and education on sexual interest and activity. Now use different methods of contraception have separated sex from reproduction so that there is change in sexual behaviour, attitudes and marital sex after spread of these methods. It is important to study religion and ethics in conjunction with human sexuality because they provide the framework with which people judge the rightness and wrongness of sexual activity.

Aim of the Work :

The aim of this work is to study the sexual behaviour of Egyptian women, the effects of religion, tradition, education and economic status in our society and the effects of circumcision, pregnancy, lactation, contraception and menopause on sexual activity and to know the source of sexual education for Egyptian women, The work will also study problems that face women in marital sex

FEMALE SEXUAL ANATOMY

The parts of the female anatomy locally involved in sexual functioning and reproduction are:

External genitals (Vulva):

Mons pubis:

Triangular area at the base of the abdomen it is a pad of fatty tissue overlying the symphysis pubis and covered by skin and pubic hair. There is a rich supply of nerve endings and blood vessels that make the area sensitive to touch and pressure **(Luria et al., 1987).**

Labia majora:

Are folds of skin and fat. The lateral surfaces are pigmented and hairy, the inner smooth and containing many sebaceous, sweat and apocrine glands which give off the smell peculiar to the vulva. They are richly supplied with fatty tissue, nerves and blood vessels and are sensitive to touch (the labium is the homologue of the scrotum) **(Garrey et al., 1977).**

Labia minora:

Are two cutaneous folds enclosing the urethral and vaginal orificies. Anteriorly each divides to form a hood or prepuce and a frenulum for the clitoris. Posteriorly they unite in a fourchette which is obliterated by the delivery of a baby. They are smooth, hairless and darker than the skin of the thigh. They contain no

fat but many sebaceous glands and have many nerve endings and blood vessels. There are enormous individual variations in their shapes and size (Garrey et al., 1977).

Clitoris:

Is the homologue of the penis. it is an extremely sensitive organ which is important in female sexual response. It is a small knob of tissue situated externally in the front of the vaginal opening, is composed of two parts: the shaft and the tip or glans. The clitoris is formed from two corpora cavernosa and a glans of spongy erectile tissue which has a copious blood supply. It has an important function in producing sexual arousal.The appearance, size and exact position of the clitoris in relation to the other genitals vary among females. It has been established that there is no relation between the size of the clitoris and sexual performance or enjoyment **(Masters and Johnson, 1962).**

In various cultures the clitoris is subjected to mutilation (circumcision), it has been practised in the Middle east and in some parts of Africa and Latin America, it is still done in Kenya and most parts of Egypt (Hyde, 1986).

Vestibule:

Is the area between the labia minora. It is perforated by the urethral and vaginal orifices and the ducts of Bartholin's glands. The lesser vestibular glands are mucosal glands discharging

on to the surface of the vestibule. The Bartholin's glands are the homologues of the bulbourethral (Cowper's) glands in the male (Garrey et al., 1977).

Urethral opening:

A small opening halfway between the clitoris and the vagina. The paraurethral glands are homologues of the prostate.

Vaginal opening:

Lies between the labia minora incompletely closed by the hymen.

Hymen:

Is a thin fold of tissue with a small hole to allow the passage of menstrual blood and secretions. It is ruptured by coitus. Rupturing the hymen, contrary to popular myth is not very painful, if it occurs when the female is quite sexually aroused she may not even feel it, blood loss is slight. First intercourse may not rupture the hymen, only stretch it. The hymen varies greatly in form and appearance from one female to another. Rarely, girls are born with no hymen or with one that is fragmentary, thus physical examination is not a reliable way of telling whether a female has had sexual experience. Even so, it has long been traditional in many cultures for virginity to be certified either by an examination to make sure she had an intact hymen or by the finger or by the presence of blood on the sheets from the marital bed **(Hyde, 1986).**

(The hymen in fact was the name of the god of marriage in Greek mythology).

Variations of the hymen:

Annular - septate - cribriform - parous introitus. The purpose of the hymen is to protect the vagina until puberty, prior to the secretions of estrogen at puberty. the vaginal walls are not as tough, and the internal genitalia are more susceptible to infection (Meeks and Heit, 1982).

Bartholin's glands:

Are a pair of bean shaped glands,the ducts of the gland open into the vaginal orifice lateral to the hymen. Research has dispelled the belief that secretions from this glands are needed for lubrication during intercourse, this is not enough secretory material to sufficiently lubricate the vaginal introitus (Masters and Johnson, 1966).

Internal genitals:

Vagina:

A thin muscular tube, its walls are elastic that expand or contract to accommodate a fully erect penis, a tampon, or fully developed baby. It is relatively insensitive, especially in the upper two thirds, because it has few nerve endings. It has a rich blood supply. The environment within the vagina is slightly acidic pH (4.5). **(Garrey** et al., 1977).

Cervix:

Has a small opening into the uterus, the os, through which ejaculate and menstrual fluic can pass.

Uterus:

Muscular organ made of contractile tissue, the uterus is held in place by ligaments. The inner lining of this hollow organ, the endometruim is partially shed during every menstrual cycle and then renews itself.

Fallopian tubes:

In it fertilization of the ovum occurs.

Ovaries:

Produce sex hormones, each contain thousands of eggs, only one of which ripens and leaves one ovary each month.

Breast:

They have erotic and reproductive significance. They consist of 15 to 20 clusters of mammary glands each with a separate opening to the nipple and of fatty and fibrous tissue which surrounds the clusters of glands. The nipple is richly supplied with nerve endings and therefore very important in erotic stimulation. The nipple consists of smooth muscle fibres, when they contract, the nipples become erect. There are individual variations in the normal anatomy of female genital tract and breast such as breast of different sizes - extra nipples - thickness of pubic hair and many different shapes and sizes of labia **(Hyde, 1986).**

THE PHYSIOLOGY OF FEMALE SEXUAL RESPONSE

Studying the physiology of sexual response is important in analyzing and treating sexual dysfunctions, it had not been investigated scientifically before the work of Masters and Johnson beginning in the 1950s. The various phases of the response cycle are not always clearly demarcated from one another and may differ considerably both in one person at different times and between different people. The entire response pattern is one of the most pleasurable human experiences **(Hyde, 1986).**

Stages of sexual response:

According to **Masters and Johnson (1966)** there are 4 stages of sexual response:

1. Excitement
2. Plateau.
3. Orgasm
4. Resolution.

Excitement:

Excitation occurs as a result of sexual stimulation which may be either physical or psychic in origin. It is the beginning of erotic arousal. The basic physiological process that occurs during excitement is vasocongestion. The most obvious response of the woman in this phase is the lubrication of the vagina. Masters and Johnson found that vaginal lubrication results when fluids seep through the semipermeable membrane of the vaginal wall.

producing lubrication as a result of vasocongestion in the tissues surrounding the vagina (vaginal sweating). It begins 10-30 seconds after the onset of arousing stimuli. Some sex manuals advise that the appearance of lubrication serves as good indicator to man that the woman is ready for intercourse. Vaginal lubrication occurs even among women who have had complete hysterectomies and oophorectomies. This transudation disappears quickly through absorption through the vagina if sexual stimulation stops. It is under parasympathetic mediation through S 2, 3, 4 which cause arteriolar dilation. Other physical changes occur during this phase is:

1. Swelling of the glans of clitoris results from engorgement of its corpora cavernosa and erectile tissue, but not as rapid as in the case of the male penis.the swelling of clitoris may only be barely visible.

2. The nipples become erect, this results from contractions of the involuntary muscle fibres surrounding the nipple. The breasts swell and enlarge somewhat in the late part of the excitement phase (a vasocongestion response).

3. The inner labial lips swell and open up (a vasocongestion response) the outer lips move apart a bit and flatten out in nulliparas and undergo marked venous engorgement, and swell in multiparous (in the unaroused state the inner lips are generally folded over, covering the entrance to the vagina and the outer lips lie close to each other).

4. The vagina is divided into two parts an upper two thirds and a lower one-third. In the unaroused state the walls of the vagina lie against each other like the sides of an uninflated balloon, during the excitement phase the upper two thirds of the vagina expand dramatically (a ballooning response) becomes like an inflated balloon.This is very functional in accommodating the entrance of the penis **(Masters and Johnson, 1966).**

5. The cervix and uterus pull up during excitement creating a tenting effect (probably because of engorged broad ligaments) in the vaginal walls and making a larger opening in the cervix which allows sperm to move into the uterus more easily **(Masters and Johnson, 1966).**

6. During excitement a sex flush may appear on the skin of the woman, (a maculopapular erythematous rash).It resembles a measles rash. It often begins on the upper abdomen (epigastrium) and spread over the chest and breasts.

7. Increase in the rate of breathing, in pulse rate and in blood pressure **(Masters and Jonson, 1966).**

Plateau:

During this phase, vasocongestion reaches its peak,the most notable change is the formation of the orgasmic platform: