

# *Possible role of female genital mutilation on female sexual functions*

Thesis submitted for partial fulfillment  
of M.Sc. degree in Dermatology, Andrology & S.T.D

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## ABSTRACT

The aim of this work was to detect if there is possible role of FGM (female genital mutilation) on FSF (female sexual function).

We used questionnaire of 50 items to assess FSF in different phases and some questions were related to FGM.

150 circumcised females and 50 uncircumcised females from Kasr ElAini Hospital gynecology department have answered the questionnaire by interview.

The results of study can be summarized as follows: there were no statistically significant difference in sexual functions between circumcised group and uncircumcised in all aspects of sexual functions that include desire, excitation, vaginal lubrication, orgasm, and occurrence of pain related to coitus. Also, there were no statistically significant differences in sexual function between type 1 circumcised females and uncircumcised females group in all aspects of sexual functions, but there were statistically significant difference between type 2 circumcised females and uncircumcised females in difficulty in lubrication ( $P < 0.04$ ), and difficulty in reaching orgasm ( $P < 0.003$ ). Also with comparing type 1 circumcised females with type 2 circumcised females there were statistically significant difference between both groups in complications following circumcision operation ( $p < 0.000$ ), difficulty in lubrication ( $p < 0.001$ ), and difficulty to reach orgasm ( $p < 0.01$ ).

**Key words:** Female genital mutilation, female sexual dysfunction.

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***List of Abbreviations***

APA	American Psychiatric Association.
CAH	Congenital Adrenal Hyperplasia.
DSM	Diagnostic and Statistical Manual of Mental Disorders.
FGC	Female Genital Cutting.
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/ Cutting.
FSAD	Female Sexual Arousal Disorder.
FSD	Female Sexual Dysfunction.
FSF	Female Sexual Function.
FSFI	Female Sexual Function Index.
G spot	Grafenberg spot.
NGF	Nerve Growth Factor.
UNFPA	The United Nations Population Fund.
UNICEF	The United Nations Children's Fund.
WHO	World Health Organization.

# *Introduction*

## **Introduction**

Female sexual dysfunction (FSD) is defined as persistent or recurring decrease in sexual desire (hypoactive sexual desire), decrease in sexual arousal (sexual arousal disorder), dyspareunia (sexual pain disorder), and difficulty in or inability to achieve an orgasm (orgasmic disorder) (Basson et al., 2000).

FSD has a major impact on quality of life and interpersonal relationship. For many women; it has been physically disconcerting, emotionally distressing and socially disruptive (Safarinejad, 2006).

Traditionally, psychological and interpersonal factors have been thought to be primary in female sexual dysfunction (FSD), whereas male sexual dysfunction is most often attributed to pathophysiologic changes. However, the associated risk factors for both sexes are strikingly similar: peripheral vascular disease, cardiovascular disease, neurological disease, genital atrophy, genital surgery, endocrinopathies, liver or renal failure, sexual abuse, interpersonal factors and medications (Lightner, 2002).

Female circumcision, the partial or total cutting away of the external female genitalia, has been practiced for centuries in parts of Africa, generally as one element of a rite of passage preparing young girls for womanhood and marriage. Often performed without anesthetic under septic conditions by lay practitioners with little or no knowledge of human anatomy or medicine, female circumcision can cause death or permanent health problems as well

as severe pain. Despite these grave risks, its practitioners look on it as an integral part of their cultural and ethnic identity, and some perceive it as a religious obligation (Althaus, 1997).

There are three basic types of genital excision, although practices vary widely. In the first type, clitoridectomy, part or all of the clitoris is amputated, while in the second (often referred to as excision), both the clitoris and the labia minora are removed. Infibulation, the third type, is the most severe: after excision of the clitoris and the labia minora, the labia majora are cut or scraped away to create raw surfaces, which are held in contact until they heal, either by stitching the edges of the wound or by tying the legs together. As the wounds heal, scar tissue joins the labia and covers the urethra and most of the vaginal orifice, leaving an opening that may be as small as a matchstick for the passage of urine and menstrual blood (WHO, 1996).

In the conditions under which female circumcision is generally performed in Africa, even the less extensive types of genital cutting can lead to potentially fatal complications, such as hemorrhage, infection and shock. The inability to pass urine because of pain, swelling and inflammation following the operation may lead to urinary tract infection. A woman may suffer from abscesses and pain from damaged nerve endings long after the initial wound has healed (Mustafa, 1966).

Infibulation is particularly likely to cause long-term health problems. Because the urethral opening is covered, repeated urinary tract infections are common, and stones may form in the urethra and bladder because of

obstruction and infection. If the opening is very small, menstrual flow may be blocked, leading to reproductive tract infections and lowered fertility or sterility. One early study estimated that 20-25% of cases of sterility in northern Sudan can be linked to infibulation (Mustafa, 1966).

In addition, the amputation of the clitoris and other sensitive tissue reduces a woman's ability to experience sexual pleasure. For infibulated women, the consummation of marriage is likely to be painful because of the small vaginal opening and the lack of elasticity in the scar tissue that forms it. Tearing and bleeding may occur, or the infibulation scar may have to be cut open to allow penetration, infibulation may make intercourse unsatisfying for men as well as women (Shandall, 1967).

*Aim of the work*

## **Aim of work**

The aim of this work is to assess the possible role of female circumcision on female sexual dysfunction.