



## **PROTOCOL OF A THESIS FOR PARTIAL FULFILMENT OF MASTER DEGREE IN OBSTETRICS & GYNAECOLOGY**

**Title of the Protocol: Assessment of Sexual Troubles in  
Women With Female Genital Mutilation in  
Egyptian women.**

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## What is already known on this subject? AND

## What does this study add?

It is known already that female genital mutilation causes complications as shock , hemorrhage , infections , anorgasmia as well as psychological trauma . In spite of that, people still insist on this practice for curbing women's sex desire regardless any consequences.

This study adds the use of the Female Sexual Function Index (F.S.F.I ),which is a multidimensional self report instrument used for the assessment of female sexual dysfunction and has been used recently in Saudia Arabia by researchers proving that sexual dysfunctions like anorgasmia caused by female genital mutilation does not help in reaching the goal of curbing women's sex need. On the contrary, anorgasmia after sexual stimulation causes annoying sexual frustration and depression.

## 1.INTRODUCTION/ REVIEW

Female Genital Mutilation(F.M.G), according to the W.H.O. is "partial or total removal of the female genital organs for non medical causes" (1). The United Nations Children's Emergency Fund (U.N.I.C.E.F), estimated that 92% of married women in Egypt aged between 15 and 59 years had been mutilated (2), most of them by medical staff inspite of being illegal(3), because of wrong cultural or religious beliefs(4).

Jame Nedal,The United Nation Population Fund's Representative In Cairo said that the rate in Egypt is so high that one fourth of the cases world wide are in Egypt(5).F.G.M has reached such epidemic proportions because of the traditional belief that it stops women from becoming adulterous(6).Many African Muslims and Christians apply this practice although not ordered by the Holy Quran or by any of the true sayings of the prophet, or Bible (7).An important research done by Dr. Sharifa Sibiani and Professor Abdulrahman Rouzi from King Abdulaziz University Hospital in Jeddah proved that women with F.G.M were not likely to suffer more pain durng sexual intercourse or experience lowered sex drive, but were less likely to reach orgasm(8).Anorgasmia, according to the World Health

Organization (W.H.O), is the recurrent difficulty, delay, or total absence of orgasm after sufficient sexual stimulation(9), and so fails to culminate the excitement or arousal phase reached(10). On the contrary, women without F.G.M. were allowed to culminate their arousal phase through orgasm(11).

## 2. AIM / OBJECTIVES

This study aims to assess the effect of F.G.M. on the prevalence of sexual troubles in Egyptian women in Egypt.

### Research Hypothesis:

In Egyptian women, FGM may affect the prevalence of sexual troubles.

### Research Question:

In Egyptian women, does FGM affect the prevalence of sexual troubles?

## 3. METHODOLOGY:

### Patients and Methods/ Subjects and Methods/ Material and Methods

- **Type of Study:** A prospective Case Control Study.
- **Study Setting:** El Demerdash Maternity Hospital.
- **Study Population:** Married, non pregnant women divided into 3 groups according to the age (age 20-29, 30-39, and more than 39 year old) attending Eldemerdash Maternity Hospital in Egypt.
- **Sampling Method:** Non Random sampling (convenience)
- **Sample Size:** 250 sexually active women with F.G.M. and 250 sexually active women without F.G.M.
- **Sample Justification:** Egypt has the region's highest total number of women that have undergone F.G.M. (27.2 million) according to a U.N.I.C.E.F. report done in 2013 covering 29 countries in Africa.
- **Ethical Considerations:**  
The study will be done after an oral approval from 500 women attending El Demerdash Maternity Hospital.

- **Study Procedures:** 250 sexually active women with F.G.M. and 250 sexually active women without F.G.M. Women with and without F.G.M. will be asked to answer the Arabic translated version of the Female Sexual Function Index(F.S.F.I) Questionnaire.
- **Statistical Analysis:** The collected data will be tabulated and statistically analyzed using APSS program ( Statistical Package For Social Sciences ) software version 2010.

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# **Assessment of Sexual Troubles in Women with Female Genital Mutilation in Egyptian women**

**Thesis**

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of Master Degree in Obs. & Gyn.*

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# List of Abbreviations

Abb.	Full term
<b>BC</b> .....	<i>Before Christ</i>
<b>EHIS</b> .....	<i>Egypt health issue survey</i>
<b>FGC</b> .....	<i>Female genital cutting</i>
<b>FGM</b> .....	<i>Female genital mutilation</i>
<b>FSD</b> .....	<i>Female sexual dysfunction</i>
<b>FSFI</b> .....	<i>Female sexual function index</i>
<b>HS</b> .....	<i>Highly significant</i>
<b>HTP</b> .....	<i>Harmful Traditional Practice</i>
<b>IQR</b> .....	<i>Interquartile range</i>
<b>NGOs</b> .....	<i>Non-governmental organization</i>
<b>NS</b> .....	<i>Non significant</i>
<b>PID</b> .....	<i>Pelvic inflammatory disease</i>
<b>PTSD</b> .....	<i>Post-traumatic stress disorder</i>
<b>SPSS</b> .....	<i>Statistical package for social sciences</i>
<b>UNICEF</b> .....	<i>United Nations International Children's Emergency Fund</i>
<b>UDHR</b> .....	<i>Universal Declaration of Human Rights</i>
<b>UK</b> .....	<i>United Kingdom</i>
<b>UN</b> .....	<i>United Nations</i>
<b>UNFPA</b> .....	<i>United Nations Population Fund</i>
<b>UTI</b> .....	<i>Urinary tract infection</i>
<b>WHO</b> .....	<i>World Health Organization</i>

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## INTRODUCTION

Female Genital Mutilation (F.M.G), according to the W.H.O., is "partial or total removal of the external female genital organs for non medical causes" (*World Health Organization, 1996*).

The United Nations Children's Emergency Fund (U.N.I.C.E.F) estimated that 92% of married women in Egypt aged between 15 and 59 years had been mutilated (*EHIS, 2015*), most of them by medical staff inspite of being illegal (*Molleman and Franse, 2009*), because of wrong cultural or religious beliefs (*Toubia, 1994*).

Jame Nadal, The United Nation Population Fund's Representative in Cairo said that the rate in Egypt is so high that one fourth of the cases worldwide are in Egypt (*Rouzi, 2001*).

F.G.M has reached such epidemic proportions because of the traditional belief that it stops women from becoming adulterous (*EHIS, 2015*).

Many African Muslims and Christians apply this practice although not ordered by the Holy Quran or by any of the true sayings of the prophet, or the Bible (*Jones et al., 2004*).

An important research done by Prof. Dr. Sharifa Sibiani and Professor Abdulrahim Rouzi, from King Abdulaziz

University Hospital in Jeddah, proved that women with F.G.M were not likely to suffer more pain during sexual intercourse or experience lowered sex drive, but were less likely to reach orgasm or an-orgasmia (*Alsibiani and Rouzi, 2010*).

Anorgasmia, according to the World Health Organization (W.H.O), is the recurrent difficulty, delay or total absence of orgasm after sufficient sexual stimulation (*Bachmann, 2006*), and so fails to culminate the sexual tension reached during the excitement phase during sexual intercourse (*Shaaban and Harbison, 2005*).

## AIM OF THE WORK

This study was aimed to: Assess the effect of F.G.M. on the prevalence of sexual troubles in Egyptian women.

### **Research Hypothesis:**

In Egyptian women, FGM may affect the prevalence of sexual troubles.

### **Research Question:**

In Egyptian women, does FGM affect the prevalence of sexual troubles?

## *Chapter 1*

# **FEMALE GENITAL MUTILATION 'FGM'**

## **Definition of FGM**

The World Health Organization (WHO) defines FGM as “all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (*WHO, 2008*).

## **Classification of FGM**

**According to the WHO, FGM is classified in to four types (table 1, figure 1):**

**Type I:** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy),

**Type II:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision),

**Type III:** Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation) and