



Psychosexual dysfunction in circumcised females

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INTRODUCTION

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- FC is one of the traditional practices, which are more employed in developing countries.
- It is particularly harmful practice.
- It involves the total or partial cutting away of female external organs
- Benha city: Semi-urban.

AIM OF THE WORK

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1. To determine the rate & degree of circumcision among a newly married females &
2. To compare between circumcised & non-circumcised females regarding psychosexual function

PATIENTS & METHODS

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- 264 newly married women (duration of marriage < 5 yr) were randomly selected.
- Data were collected using:
 1. Interviewing questionnaire.
 2. Symptoms check list 90: developed by Leonard et al & translated by El-Behery(1984): Psychological function
 3. Gynecological examination.

Karim's classification(1995)

- First degree: circumcision

- a. Removal of labia minora.

- b. Removal of hood of clitoris & labia minora.

- Second degree: excision

Removal of clitoris (partial or total) with or without removal of all or part of labia minora

- Third degree: infibulation

Removal of labia minora, clitoris & labia majora & stitching both sides together.

RESULTS

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264 females

Circumcised
200 (75.8%)

Non-circumcised
64 (24.2%)

1st degree
78 (39%)

2nd degree
122 (61%)

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	Circumcised		Noncircumcised		Total	
	No	%	No	%	No	%
Dysparunia	81	40.5	12	18.8	93	35.2
Loss of libido	57	28.5	10	15.6	67	25.4
Husband unsatisfaction	35	17.5	3	4.7	38	14.4
Wife unsatisfaction	86	43	7	10.9	93	35.2

	Noncircumcised		First degree		Second degree	
	No	%	No	%	No	%
Dysparunia	12	18.8	19	24.4	62	50.8
Loss of libido	10	15.6	15	19.2	42	34.4
Husband unsatisfaction	3	4.7	6	7.7	29	23.8
Wife unsatisfaction	7	10.9	18	23.2	68	55.7

	Circumcised (n=64) (%)	Noncircumcised (n=64) (%)
Somatization	33.2	21.7*
Anxiety	31.5	22.3*
Phobia	22.5	15.3*
Depression	30.1	29.9**
Hostility	18.7	16.9**

*** P < 0.001**

**** P > 0.05**
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DISCUSSION

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Disorders of female sexuality: *(Belt, 1982)*

Disorders of interest, arousal, orgasm, penetration & sex phobia.

Dysparunia: psychosomatic causes, scaring over the vulva, formation of neuroma, dry vagina

Loss of libido: Actual sexual desire does not arise from the genital area as much as from psychological & neurological sources. Thus circumcision of whatever degree does not eliminate sexual desire. Circumcision leads to psychological status, sex phobia, loss of desire, delay in arousal & disgust of the act *(Cunter, 1988)*

Female has 3 primary erogenous zones: clitoris, labia minora & vagina. Circumcised females has only the vaginal orgasmic platform which develops only after sexual stimulation during the plateau phase. 65% of the females could only reach **orgasm** unless manual clitoral stimulation is performed (*Masters & Johnson, 1966*).

It is a must to achieve vaginal lubrication for **pleasurable penile penetration**.

Circumcision destroys the nerve supply to the external genitalia as well as their blood supply, reduces the capacity of women to reach **the peak of her sexual pleasure(orgasm)**

For those advocating first degree circumcision:

Sexual dysfunction disorders are statistically higher in first degree circumcised females than in non-circumcised females

For those advocating removal of the prepuce:

Functions of the prepuce: *(Johnson, 1979)*

1. **During the excitement phase:** the clitoris gets erect & emerges from under the prepuce.

In the plateau phase: the clitoris gets angulated & rotates 180 ventrally & retracts under the prepuce to avoid any direct touch. Direct touch at this stage causes pain.

2. The secretion of the apocrine glands in the prepuce keeps this area well lubricated.

CONCLUSION

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1. Sexual dysfunction disorders are statistically higher in circumcised than in non-circumcised females & statistically higher in 2nd degree than in 1st degree circumcised females
2. Somatization, anxiety & phobia are significantly higher in circumcised females

THANK YOU



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