Some Psychosexual Aspects of Female Circumcision: A Pilot Study in Sharkia

Abdel-Azeem E., Shalanda A.A., Abdellatef R.R., Bassiouny M. Khashaba A.M. and Sweelem Sh., Askar A.

Abstract

Female circumcision is a critical social tradition practicezed in a very wide scale allover our country. Female sexual dysfunction has low priority and interest in literature studies compared to male sexual dysfunction especially studies dealing with the effects of female circumcision on their sexual satisfaction and non-organic sexual dysfunction among married females and their couples. The aim of this study was to find out the effect of female circumcision on their sexual satisfaction and dysfunction through comparing circumcised and non-circumcised married females for this psychosexual aspect with its effect on their husbands sexual satisfaction and dysfunction. This work was carried out at Zagazig University Hospitals for married females who were attending the family planning clinic aged 18-45 years old, either circumcised or non-circumcised and by their husbands were participated in the study. These females were subjected to complete gynecological examination, semi structured clinical psychiatric interview also the socio-demographic data for these females, using two questionnaires; the sexual dysfunction questionnaire and Golombok Rust Inventory of Sexual Satisfaction (GRISS) for these females and their couples. The sample consisted of 70 couples for each group. Our results revealed that the circumcised females had a higher age, longer duration of marriage, mostly non educated or just read and write, house wives, from rural areas with low social class, while the non-circumcised females had lower age, shorter duration of marriage, mostly highly educated, clerk working, urban, with high social class. Comparing the circumcised females with the non-circumcised females, the clinical types of the non-organic female sexual dysfunction according to sexual dysfunction questionnaire was mostly orgasmic dysfunction disturbed resolution phase with pelvic heaviness and low back ach with non-organic vaginismus and dysparounia. According to GRISS there was a very high significance for the female over all scores and a high significance for the male over all scores. Based on the subscales there was a very high significant difference between the circumcised and the non-circumcised female couples on the subscales of : premature ejaculation, male dissatisfaction, female dissatisfaction, female avoidance, female non-sensuality, vaginismus and anorgasmia, the highly significance was for two subscales : male nonsensuality and infrequency, while there was no significance for male avoidance and non-communication. This study concludes that female circumcision leads to a high prevalence rate of female sexual dysfunction which associated with sexual dissatisfaction for them and their couples.

Introduction

The psychiatric classification system for sexual disorders is complex and also inconsistent between the DSM IV (American Psychiatric Association, 1994) and ICD-10 (WHO, 1992, 1993), which are correlated with the sexual physiological response cycle with its four phases: desire, arousal (excitement), orgasm and resolution (Sadock, 1995). Inspite there are problems defining what is "normal" function and what sexual preferences are acceptable to society (Potts and Bhugra, 1995).

The prevalence of sexual dys-function in the Egyptian community is difficult to assess (Okasha, 1988).

Regarding the prevalence of female sexual dysfunction there are many available data as Kaplan (1979) who commented that "hypoactive sexual desire is probably the most prevalent of all the female sexual dysfunctions"; this point of view was supported by Kilmann et al. (1986) who found that amongst the attendants to sex-therapy clinics discrepancies between partners were the most common problem and represented about 31% of the attendants.

In a German study, Bancroft (1988) found that 43% of the female sample reported some problems with sexual enjoyment and arousal, with further 9% expressing actual sexual aversion.

Levine and Yost (1976) found that among high school educated black women seen in a gynecological clinic, 5% had never been orgasmic with a partner, while 17% reported difficulty in reaching coital orgasm. Also, Spector and Carey (1990) found similar result in their study and concluded that inhibited female orgasm amounts to 5-10%.

Available data regarding the relative incidence and prevalence of vaginismus and dyspareunia show considerable variability; Masters and Johnson (1970) reported that transient dyspareunia is common among women, while Clement and Pfafflin (1980) found that 20% of their female sample referred for sex therapy received a diagnosis of vaginismus. Kilman et al. (1986) reported that amongst the attendants to sex-therapy clinics 5% of the sample had vaginismus. However, Bahaman (1989) found that among the attendants to gynecological out-patient clinic, the most common female sexual dysfunction was dyspareunia (48%) while vaginismus represented only (6%) of the sample.

In Egypt according to Owida and Amin (1999), no data are available about the relative incidence and prevalence of female sexual dysfunction. Although sexual dysfunction is an area of mutual interest for both psychiatry and andrology for males; psychiatry and gynecology for females, literature showed that researches in this area are scanty, yet they focused upon male sexual dysfunction especially impotence (Demerdash et al., 1978; El-Akabawi and Idarous, 1982).

According to WHO (1998), the prevalence of female circumcision in Egypt is about 97% which practicised throughout the country by Muslims and Christians, and associated with a complex set of beliefs about identity, moral, behavioral and working of female body (Ericksen, 1995).

The consistent lack of etiological research about female sexual disorders was corrected to a limited extent as increased attention was paid to the role of interpersonal function, to the role of affects and cognitions in mediating sexual behavior and also to the underlying biological basis of sexual preference and behavior (Margison, 1997).

There are few studies and reports available on the psychological and sexual effects of female genital mutilation in the form of case studies, rather than the practice seems to be rooted in both African tradition and Islamic beliefs, although many Islamic countries do not practice female circumcision. The main motivation seems to be controlling women's sexual urges,

and the belief that circumcision makes a woman more feminine (Wiens, 1996).

El-Defrawi et al. (1996) described the prevalence of female circumcision at Ismailia to reach 75% and it was higher among rural vs urban women and among the less educated ones. While in Sharkia, Wassif et al. (1994) found that mothers aged 40 years and over, married at age less than 20 years, house wives, illiterate and those living in rural areas are more significantly practicizing daughter circumcision.

Sayed et al. (1996) found that a total of 67% of the fathers of girls who had undergone FGM at upper Egypt and 92% of their mothers were illiterate. The most prevalent reason for FGM was that it followed customs and traditions.

Karim (1997) discussed the effect of female circumcision on sex behavior and mentioned that it starts by sex phobia developed at time of surgery and proceeds to vaginismus and abnormal spasms during coitus. He mentioned that the deprivation of normal sexual genital feelings from the female has a direct effect on her marital status and sexual relationships.

The psychosexual impact of female circumcision was investigated by Lotfy and El-Defrawi (1995) to find significantly more circumcised women complained of dysmenorrhea (80.5%), reported vaginal dryness during intercourse (48.5%), lack of sexual desire (45%), and having difficulty to reach orgasm (60.5%) than those not circumcised.

Aim of the work:

"Female circumcision" termed as female genital mutilation (FGM) by WHO (1998) and its effects on female sexual activities is not fully investigated especially in Egypt. The present study aimed at studying the sexual satisfaction and dysfunction in married females and their couples correlated to female circumcision. Comparing two female groups; circumcised and non-circumcised for their sexual dysfunction and sexual satisfaction for them and their husbands.

Subjects and Methods

Two groups of couples, 70 for both circumcised and non-circumcised females were selected randomly from females who were attending the gynecological out-patient clinic for family planning at Zagazig University Hospitals in the period from September 1999 to March 2000 with the following inclusion criteria :

- Age above 18 years to 45 years.
- Married females.
- Either circumcised or not circumcised.
- Presence of their husbands.

These female were subjected to a comprehensive history, socio-demographic data, data about circumcision for the circumcised females (done by physicians or not, complicated or not), gynecological examination (including endocrine disorders and drug treatment), semi-structured psychiatric interview, also pelvic examination was done to exclude the following criteria :

- General medical illness.
- Local gynecological disease.
- Major psychiatric disorders.
- Marital conflicts and troubles which can affect love and sexual activity.
- Females after menopause or under medical treatment.

The females diagnosed as having sexual dysfunction by psychiatric interview were

submitted to the sexual dysfunction questionnaire to confirm the diagnosis, also husbands were clinically healthy without general medical illness and psychiatric disorder or taking no medications.

The sexual satisfaction was further investigated using the Golombok Rust Inventory of Sexual Satisfaction (GRISS) for both females (in both groups) and their couples who attend with them for follow up.

The Sexual Dysfunction Question-naire was developed in Arabic language depending upon some questionnaires that were used in other studies e.g. Clayton et al. (1997) and Corty et al. (1998). The questionnaire consists of 2 parts; part one : which is the identification data, part 2 : the symptoms of sexual dysfunction. There are 16 sentences which reflect the symptoms that are correlated with the sexual physiological response cycle with its 4 phases : desire, arousal, orgasm and resolution, each symptom is coded as absent or present, its validity and reliability were tested and well established.

The Golombok Rust Inventory of Sexual Satisfaction (GRISS) (Rust and Golombok, 1985) was used. This GRISS has 28 items on a single sheet, all answered on a five-point scale from "always" through "usually", "sometimes" and "hardly ever" to "never". It gives overall sexual dysfunction scores separately for men and women and also gives profile for the couple of 12 subscales comprising impotence and premature ejaculation in the man, no orgasm and vaginismus in the woman, infrequently and non-communication for the couple, and non-sensuality, avoidance and dissatisfaction for both the man and the woman. The validity and reliability of the overall scales and the subscales have been tested (Rust and Golombok, 1986).

Data were collected, tabulated, statistically analyzed and presented in the form of the following results :

Results

The study was carried out on two groups of 70 married females with their couples for each group. First group for the circumcised females and the second for the non-circumcised females. The socio-demographic data characterizing each group are presented in table (1). The mean age for the circumcised group (Group 1) was 30.34 $\pm$ 10.26 years, 42.86% were in the age group 30 to less than 40 years. While for the non-circumcised group (Group 2), the mean age was 23.28 $\pm$ 3.07 years and 48.57% were in the age group 20 to less than 30 years. The mean years of marriage for circumcised group was 14.66 $\pm$ 5.86; with 48.57% more than 20 years while the non-circumcised, the mean years of marriage was 10.54 $\pm$ 4.45, with 55.72% less than 10 years. For the level of education, 31.42% of the circumcised females were non-educated and 28.58% just read and write, while for the non-circumcised 51.23% were highly educated university graduated and 37.14% secondary or technical school graduation.

The circumcised females were mostly house wives (60%), coming from rural areas (62.86%) and mostly of low social class (60%), while the non-circumcised females were mostly clerk working (48.57%) coming from urban districts (97.14%), mostly of high social class (65.72%).

Distribution of the non-organic female sexual dysfunction according to clinical types helped by sexual dys-function questionnaire was represented in table (2) which revealed that; for the circumcised group the most commonly prevailing sexual dysfunction was orgasmic dysfunction (20%) and non-organic dysparunia (17.14%) and non-organic vaginismus (10%) and disturbed resolution phase with pelvic heaviness and low back ach (18.57%) and females receiving more than one diagnosis representing 30%; the other dysfunctions were less present and total females that had sexual dysfunctions represented 40% of the total group, while for the non-circumcised females there is no prevailing diagnosis with total number of females who had sexual dysfunction represented about 13%.

According to Golombok Rust Inventory of Sexual Satisfaction (GRISS) for couples (Table 3), the correlation of score results showed that there were statistical significance between the circumcised and the non-circumcised females groups couples; according to GRISS there was a very high significance ($P<0.001$) for the female over all scores and a high significance ($P<0.002$) for the male over all scores. Based on the subscales there was a very high significant difference ($P<0.001$) between the circumcised and the non-circumcised female couples on the subscales of : premature ejaculation, male dissatis-faction, female dissatisfaction, female avoidance, female non-sensuality, vaginismus and anorgasmia, the highly significance ($P<0.005$) was for two subscales : male nonsensuality and infrequency, while there was no significance for male avoidance and non-communication.

Table (1): Socio-demographic data of studied females.

Data	Circumcised	Non-circumcised
Total No	70	70
Age :		
<20	6 (8.57%)	4 (5.71%)
20 to <30	24 (34.28%)	34 (48.57%)
30 to <40	30 (42.86%)	25 (35.72%)
>40	10 (14.29%)	7 (10%)
Mean ± SD	30.34 ± 10.26	23.28 ± 3.07)
Years of marriage :		
<10 years	10 (14.29%)	39 (55.72%)
10 to <20	26 (37.14%)	26 (37.14%)
>20	34 (48.57%)	5 (7.14%)
Mean ± SD	14.66 ± 5.86	10.54 ± 4.45
Level of education :		
University	10 (14.29%)	36 (51.23%)
Secondary or technical	18 (25.71%)	26 (37.14%)
Read and write	20 (28.58%)	8 (11.43%)
Non-educated (illiterate	22 (31.42%)	0

Table (1): continued

Data	Circumcised	Non-circumcised
Working :		
Clerk	6 (8.57%)	34 (48.57%)
Worker	22 (31.43%)	21 (30%)
House wife	42 (60%)	15 (21.43%)
Residence :		
Urban	26 (37.14%)	68 (97.14%)
Rural	44 (62.86%)	2 (2.86%)
Social class :		
High	8 (11.43%)	46 (65.72%)
Middle	20 (28.57%)	22 (31.42%)
Low	42 (60%)	2 (2.86%)

Table (2): According to the clinical types based on the sexual dysfunction questionnaire and ICD 10, the results distribution of the non-organic female sexual dysfunction for the circumcised and non-circumcised.

Data	Circumcised		Non-circumcised	
	No	%	No	%
Lack or loss of sexual desire*	3	4.28	2	2.86
Sexual aversion*	12	17.14	1	1.42
Lack of sexual enjoyment*	4	5.71	3	4.28
Failure of genital response*	4	5.71	-	-
Orgasmic dysfunction :*				
- No orgasm.	14	20	2	2.86
- +ve orgasm with masturbation only	2	2.86	-	-
Disturbed resolution phase (pelvic heaviness and low back ach)*	13	18.57	1	1.42
Non organic vaginismus*	7	10	1	1.42
Non-organic dysparunia*	12	17.14	2	2.86
Other sexual dysfunctions not caused by organic disease :**				
- Excessive masturbation.	2	2.86	-	-
- Marked feeling of inadequacy of body and sex organs.	3	4.28	1	1.42
More than one diagnosis*	21	30	6	8.57
Total	28	40%	9	12.85%

* Clinical types are sorted according to ICD 10 or ** clinical types according to DSM IV.

Table (3): Scores results correlation of Golombok Rust Inventory of Sexual Satisfaction (GRISS) for couples.

Data	Circumcised	Non-circumcised	t	P
	Mean ± SD	Mean ± SD		value
Male overall	60.41±7.13	57.63±5.32	3.18	<0.002**
Female overall	61.70±9.24	56.32±4.71	4.34	<0.001***
Impotence	-	-	-	-
Premature ejaculation	48.38± 6.27	39.67±5.83	6.03	<0.001***
Non-sensuality.	38.24±4.71	35.51±3.58	2.57	<0.005*
Avoidance (Male)	19.73±4.01	18.46±3.93	1.34	>0.05
Dissatisfaction (Male)	54.81±7.47	48.36±6.23	3.93	<0.001***
Infrequency	39.72±4.96	37.01±3.27	2.75	<0.005*
Non-communication	18.47±5.32	17.03±4.87	1.18	>0.05
Dissatisfaction (Female)	57.83±7.81	47.43±6.45	6.12	<0.001***
Avoidance (Female)	49.34±5.87	43.81±4.62	4.42	<0.001***
Non-Sensuality (Female)	38.91±4.82	36.47±3.67	4.69	<0.001***
Vaginismus	42.32±4.83	39.05±3.76	3.18	<0.001***
Anorgasmia	54.82±6.13	47.16±5.74	5.39	<0.001***

P>0.05 : Non significant.
P<0.005* : Significant.
P<0.002** : Highly significant.
P<0.001*** : Very highly significant.

Discussion

Sexual dysfunction, a term coined by Masters and Johnson (1970). The dysfunctional sexual behavior is defined as failure to experience, or to engage effectively in one or more components of the stimulus-response hierarchy represented by the four phases of the sexual response cycle : desire, arousal, orgasm and resolution (Sadock, 1995).

Sexual dysfunction are so diagnosed only when such disturbances are a major part of the clinical picture and not diagnosed if such dysfunction are symptomatic of other Axis I disorder or attributed to organic factors which are coided on Axis III (Sadock, 1995).

There is increasing recognition of the significant incidence and importance of female sexual dysfunction and their distressing effects upon the female psychiatric status and relations with other (O'Donohue et al., 1997).

Our results revealed that, the circumcised females were more prone to sexual dysfunction than the non circumcised females especially the orgasmic dysfunction a no orgasm or delayed orgasm with masturbation or their partners complains of premature ejaculation so some husbands were liable to use local anesthetic agents or other medications before sexual intercourse to delay their time of ejaculation, also disturbed female resolution phase due to failure to reach their orgasmic phase generally leads to pelvic congestion with pelvic heaviness and low backach, which mostly lead to non-organic vaginismus and non-organic dysparunia which can lead to lack of sexual enjoyment, sexual aversion and loss of sexual desire and The circumcised females are more liable to sexual dissatisfaction than the non circumcised females, so, this can be reflected to their husbands who become sexually non satisfied. The non-circumcised females are less liable to these sexual dysfunctions with maintained sexual satisfaction for them and their couples due to their orgasmic achievement within a shorter duration of sexual intercourse, so their sexual desire and enjoyment are within normal physiological responses inspite the notion that the non-circumcised females having more sexual desire than the circumcised ones.

However, in Egypt there are no previous studies in that field as there are some anxiety and sham about discussing sexual issues which may lead to an avoidance of this topic, in addition there is a great social resistance concerning the discussion of female circumcision with its relation to sexual function.

Anyhow, there is a previous study done by Owida and Amine (1999) describing the socio-demographic and clinical patterns of female patients having sexual dysfunction and attending Al-Azhar University Hospital seeking medical treatment. Sexual dysfunctions among these female patients distributed as the following : pelvic heaviness (38.7%), low back pain (28.8%), non organic dyspareunia (15.3%), non organic vaginismus (14.7%), lack or loss of sexual desire (13.5%) the least frequent were marked feeling of inadequacy of body and sex organs (1.8%), failure of genital response (2.5%) and excessive masturbation (3.1%).

Our results regarding sexual dysfunction in the circumcised females are of nearly the same with respect that only 28 females out of 70 having sexual dysfunction (40%)

compared to 9 out of 70 for the non-circumcised (12.85%).

Our results of increased prevalence of female sexual dysfunction and dissatisfactions not for the circumcised females but also for their male partners (husbands) compared to the non-circumcised couples which may raise the possibility of marital conflicts and troubles among them. Based on the sexual dysfunction questionnaire, the circumcised females having orgasmic dysfunction commonly no orgasm in 20% and non-organic dyparunia (17.14%).

The socio-demographic data of the circumcised and non-circumcised females means that there are some changes regarding attitudes toward female circumcision with increased awareness for this non-healthy practice of circumcision in the last few decades based on that they were younger, educated, of high social class. The underlying reasons regarding the changes of their family attitudes toward circumcision of their female must be investigated in further studies.

The family troubles for the circumcised female's couples was revealed in a study done by Refaat et al. (1999) who showed that about 70% of the reason for husbands were justified to beat their wives was refusing sex with them and they concluded that female circumcision shapes the attitude of women to accept abuse and beating and the practice of FGM on young girls leads to their future acceptance of violence from husbands mainly for refusing sex with them.

Inspite this didn't explained the reason of refusing sexual activities in their study and they only relayed on females attitudes of accepting husbands violence due to circumcision neglecting the bad sexual effects of the circumcision. This can be going with our results for circumcised female couples which revealed that in spite of high significant male sexual dissatisfaction there was no significance for sexual avoidance; at the same time their wives having significant high sexual dissatisfaction with high significant sexual avoidance which may lead to marital problems and family troubles and can explain the results revealed by Refaat et al. (1999) although we didn't investigate this issue regarding domestic violence in relation to sexual refusal.

Conclusion :

This study concludes that female circumcision affects some of the psychosexual aspects (sexual satisfaction and dysfunction) either directly for them and indirectly for their couples.

The circumcised females and their couples affected negatively by female circumcision with increased significance of the non-organic sexual dysfunction, so they were sexually less satisfied than the non-circumcised female couples.

Recommendation:

Inspite female circumcision in Egypt is a very critical social traditional practice; it is a neglected topic for many studies concerning many aspects e.g. psychological effects on females either immediately or remote effects and the social attitude toward female circumcision with the presence of any change in our attitudes.

References

American Psychiatric Association (1994) **:** Diagnostic and Stiatistical Manual of mental disorders. Washington, DC, American Psychiatric Association.

Bancroft, F. (1988): Sexual disorders. In : R.E. Kendell and A.K. Zealley (eds) : Companion to psychiatric studies. Edinburgh, Churchill Livingstone, 4th ed., p. 605-624.

Clayton, A.; McGarvey, E.; Clavet, G. and Piazza, L. (1997): Comparison of sexual functioning in clinical and non clinical populations using the changes in sexual functioning questionnaire. Psychopharmacology Bulletin, Vol. 33(4) : 747-753.

Clement, V. and Pfafflin, F. (1980) : Changes in personality scores among couples subsequent to sex-therapy. Archives of sexual behavior, Vol. 9, p. 235-244.

Corty, E.; Althof, S. and Kurit, D. (1998) : The reliability and validity of a sexual functioning questionnaire. Journal of Sex and Marital Therapy. Vol. 22(1), p. 27-34.

El-Defrawi,M.H.;Lotfi, G.; Megahed, H.E. and Sakr, A.A. (1996): Female circumcision in Ismailia. A descriptive study. Egypt J. Psychiat.; 19 :137-145.

Ericksen (1995): Female circumcision among Egyptian women. Women Health Winter; 1(4) : 309-28 (Midline search)).

Kaplan, H. (1979) : Disorders of sexual desire. New York, Simon and Schuster.

Karim,M.(1997): Female genitalmutilation : An endemic African practice effect on sex behavior safe motherhood in Africa. Ed. M.M. Fayed, M.I. Abdalla, H.H. Badrawi and M.A. Bayad. PAFMACH Publications. International edition, p. 213-14.

Kilmann, P.; Boland, O.; Norton, S.; Dairdson, E. and Gid, C. (1986) : Perspectives of sex therapy outcome : a survey of AASECT providers. J. Sex Marital, Ther. Vol. 12(2) : 116-138.

Levire, S. and Yost, M. (1976) : Frequency of sexual dysfunction in a general gynecological clinic : An epidemiological approach. Archives of Sexual Behavior, Vol. 5, p. 229-238.

Lotfy,G.and El-Defrawi, M.H. (1995):Psychosexual impact of female circumcision. Egypt. J. Psychiat.; 18 : 123-131.

Margison, F.R.(1997) : Abnormalities of sexual function and interest : origins and interventions. Current Openion in Psychiatry, 10 : 127-131.

Masters, W. and Johnson, V. (1970) : Human sexual inadequacy. Bostron, Little, Brown.

O'Donohue, W.; Dopke, C. and Swingen, D. (1997) : Psychotherapy for female sexual dysfunction : a review clinical psychology review. Vol. 17, No. 5 : 537-566.

Potts, S. and Bhugra, D. (1995) : Classification of sexual disorders. Int. Rev. Psychiatry, 7 : 167-174.

Refaat, A.; Dandash, K. and El-Defrawi, M.H. (1999) : Domestic violence and female genital mutilation. Egypt. J. Psychiat.; 22 : 209-218.

Rust, J. and Golombok, S. (1985) : The Golombok Rust Inventory of Sexual Satisfaction. British Journal of Clinical Psychology; 24 : 63-64.

Rust, J. and Golombok, S. (1986) : The Golombok Rust Inventory of Sexual Satisfaction. Windsor : ***NFER-Nelson.***

Sadock, V. (1995) : Normal human sexuality and sexual dysfunction. In : Harold I. Kaplan and Benjamin J. Sadock

(eds) : Comprehensive Textbook of Psychiatry. Baltimore, 5th ed. Vol. I, p. 1295-1321.

Sayed, G.H.; Abdel Aty, M.A. and Fadel, K.A. (1996) : The practice of female genital mutilation in upper Egypt. Int. J. Gynaecol. Obst.; 55:3, 285-91.

Spector, I. And Carey, M. (1990) : Incidence and prevalence of the sexual dysfunction. Archives of Sexual Behavior, Vol. 19(4): 389-408.

Wassif, S.M.; El-Dadawy, A.A.; Dandash, K.; El-Moghazi, M. and Salem, S.(1996): Female circumcision in Sharkia Governorate. Egyptian Journal of Community Medicine; Vol. 12, No. 1.

World Health Organization (1992) : The ICD-10 classification of mental and behavioral disorders : Clinical descriptions and diagnostic guidelines. Geneva, World Health Organization.

World Health Organization (1993) : The ICD-10 classification of mental and behavioral disorders : Diagnostic criteria for research. Geneva, World Health Organization.

WHO (1998) : Female genital mutilation. An overview. World Health Organization, Geneva.

Wiens, J.(1996): Female circumcision is curbed in Egypt. BMJ;3, 313(7052): 249.

Authors :

Ezzat Abdel-Azeem
Lecturer of Psychiatry,
Faculty of Medicine,
Zagazig University.

Asaad A. Shalanda
Assistant Professor of Psychiatry,
Faculty of Medicine,
Zagazig University.

Rafik R. Abdel latif :
Assistant Professor of Psychiatry,
Faculty of Medicine
Zagazig University.

Medhat Bassiouny
Assistant Professor of Psychiatry,
Faculty of Medicine
Zagazig University.

Abd El-Shafi Khashaba
Professor of Psychiatry
Faculty of Medicine
Zagazig University.

Shabrawy Sweelem
Assistant Professor of Gynecology
Faculty of Medicine,
Zagazig University.

Askar A.
Prof. of Psychology
Faculty of Arts
Zagazig University

Address of correspondence:

Ezzat Abdel-Azeem
Lecturer of Psychiatry,
Faculty of Medicine
Zagazig University.

بعض جوانب الاضطرابات الجنسية الوظيفية نتيجة لختان الإناث :
دراسة استكشافية فى الشرقيه

يعتبر ختان الإناث من المعتقدات الشعبية التى تمارس على نطاق واسع فى مصر. بالرغم من دلك فقد نالت الاضطرابات الجنسية لدى الإناث أقل الأولويات والاهتمامات فى الدراسات مقارنة بالاضطرابات الجنسية لدى الرجال وخصوصا تلك الدراسات التى تعنى بتأثير ختان الإناث على الإشباع الجنسى

للمرأة وكذلك الاضطرابات الجنسية الوظيفية لدى السيدات المتزوجات فى مصر وكذلك تأثيره على الإشباع الجنسى للزوج.

تهدف هذه الدراسة لاستجلاء تأثير ختان الإناث على حالتهم الجنسية مثل الإشباع الجنسى والاضطرابات الجنسية الوظيفية وذلك من خلال مقارنة مجموعة من السيدات المتزوجات المختتنات بمجموعة أخرى متزوجات غير مختتنات لإيجاد الاختلافات الهامة فى الجانب الجنسى الوظيفى (النفسى) وكذلك مدى تأثيره على حالة الزوج الجنسية سواء كان الإشباع الجنسى أو الاضطراب الجنسى الوظيفى.

وقد أجرى هذا البحث فى مستشفيات جامعة الزقازيق للسيدات المتزوجات اللاتى كن يترددن على عيادة تنظيم الأسرة بقسم النساء والتوليد واللاتى تراوحت أعمارهن من ١٨-٤٥ سنة سواء كن مختتنات أو غير مختتنات وذلك بالاشتراك مع أزواجهن الذين كانوا يصاحبوهن أثناء المتابعة الدورية.

وقد خضعت تلك السيدات لفحص نسائى كامل، مقابلة نفسية إكلينيكية نصف مقننة مع استعمال نوعين من الاختبارات النفسية لكل سيدة :

١- استبيان الاضطرابات الجنسية الوظيفية.
٢- استبيان جلومبوك-روست للإشباع الجنسى والذى تم تطبيقه أيضا على أزواجهن.

وكذلك تسجيل بيانات النسق الديموجرافى لهؤلاء السيدات، وتكونت عينة الدراسة من سبعين من الأزواج لكل مجموعة سواء مختتنات أو غير مختتنات.

وقد أظهرت نتائج هذه الدراسة أن السيدات المختتنات كن ذوى متوسط اعمار عالية ومتزوجات لفترات اكبر وغالبا غير متعلمات أو مجرد يعرفن القراءة والكتابة وربات بيوت ومن مناطق ريفية ومستوى اجتماعى منخفض، وفى المقابل السيدات غير المختتنات كن ذوى متوسط اعمار منخفض ومتزوجات لفترة أقل وغالبا متعلمات وموظفات ومن مناطق حضارية وذو مستوى اجتماعى عالى، وقد كانت السيدات المختتنات أكثر من الغير مختتنات للاصابة بالاضطرابات الجنسية الوظيفية طبقا للتصنيف الاكلينيكى وكن غالبا يعانين من اضطراب الوصول للنشوة أو اضطراب الرجوع للهدوء الجنسى مع ثقل بالحوض والام اسفل الظهر أو الالم غير العضوى أثناء الجماع. وطبقا لاستبطان جلومبوك-رست للإشباع الجنسى للازواج كانت هناك دلالة احصائية عالية جدا بين السيدات المختتنات وغير المختتنات وذلك فى المجموع الكلى للسيدات مع دلالة احصائية عالية فى المجموع الكلى للازواج وقد اظهرت البيات النوعية للاستبطان دلالات احصائية عالية جدا فى سرعة القذف وعدم الإشباع الجنسى للازواج والزوجات مع النفور الجنسى للزوجات وعدم الاحساس أو الانقباض المهبلى الوظيفى أو عدم الوصول للنشوة مع دلالة احصائية عالية لفقد الاحساس لدى الأزواج أو تكرار الممارسة الجنسية بينهم ، ولم تظهر أى دلالة احصائية لتجنب الأزواج للمارسة الجنسية أو المقابلات الجنسية.

ونخلص من هذه الدراسة الى أن ختان الإناث يؤدى لارتفاع معدل انتشار الاضطرابات الجنسية الوظيفية لديهن ومايلازمه من حالة عدم اشباع جنسى لديهن وكذلك أزواجهن.