Psychosexual Impact of Female Circumcision

G. Lotfy and M. Hassib El- Defrawi

Two hundred and fifty women, who were randomly selected from females attending Maternal and Childhood Centers in Ismailia , were gynecologically examined to determine their circumcision status and interviewed by items from the Sexual Behavior Assessment Schedule - Adult (SEBAS - A) to investigate their psychosexual activity. Results showed that 80% of the sample (n= 200) were circumcised . 76 % of the circumcised females reported that they had undergone such procedure between age 8- 12 years, and in more than half of them (58.5%) it was performed by local dayas at home (68.5%) . Injury to the clitoris was detected in 50.5% and reports of history of occurrence of immediate complications following the circumcision procedure was recalled in 53.5%.

In addition significantly more circumcised women complained of dysmenorrhea (80.5% P< 0.001), reported vaginal dryness during intercourse (48.5% P< 0.05), lack of sexual desire (45%, P< 0.01), less frequency of sexual desire per week (2.8, P< 0.01), being less initiative in sex (11%, P<0.05), less pleased by sex (49 % , P< 0.01), being less orgastic (39%, P< 0.01), and with less frequency of orgasm (2.5, P<0.05), having difficulty to reach orgasm (60.5%, P<0.05) than uncircumcised women. However, other psychosexual problems such as loss of interest in foreplay (51.5%) and dyspareunia (46%) did not reach statistical significance.

Although more than two- thirds (69%) of our sample have recalled that such circumcision procedure that they were subjected to was a painful and harmful experience, however, 61% of them appeared willing to circumcised their daughters . Our results suggest that circumcision has a negative impact on the womens psychosexual life and is still practiced on a large scale in Egypt. The implication of our findings are discussed.

(Egypt.J. Psychiat.,1995,18: 123- 131).

Introduction

Female cicumcision with its historical, religious and cultural backgrounds has been the subjects of debate by many for long time (Karim, 1993). Considerable literature has been written about the psychosexual impact, the complications, and the mutilations reported following female circumcision (Cairo Family Planning Association, 1991).

For centuries, female circumcision has been practiced in Egypt's rural and urban communities (Karim, 1993). De-

G. Lotfy, Assistant Professor of Gynecology and Obstetrics, Suez Canal University.

M. Hassib El- Defrawi, Assistant Professor of Psychiatry, Suez Canal University.

spite its long history in Egypt and many other countries in the Middle East , nothing is known about its origin (Harmful Traditional Practices of Mother and Child Health, 1992). It is not known, however, that it has any religious origin for it is practiced by people of the three great religions of the the Middle East (Mahmoud et al, 1994, Abdel Gaffar, 1990, Egyptian Society for Prevention of Harmful Practices, 1993). While Baasher (1977), Hansen (1973), Kennedy (1970), Hosken (1979) and Karim (1993) have reported the increased number of circumcised females in more than half of the population in Africa and its possible relationship to psychosexual female dysfunctions, little researh evidences have attempted to verify such reports. (Omara, 1994 and Cairo Family Planning Association, 1979).

In Egypt, Karim (1993) reported that the most recent research showed that about 96% of the attendants of the fertility clinic of Ein Shams University during the first 3 months of 1991 were circumcised, practically all are first degree (2000 cases).

Despite the issuing of the prohibiting regulations by the Ministry of Health in 1959 which illegalised the practice, recent studies had revealed that it is still practiced among more than 67% of rural communities and 42% of urban communities (Salem, 1979 and Wassif et al 1994).

The Suez Canal University, Faculty of Medicine (SCUFOM) adopts a community - oriented, community based, approach and this research work was launched to investigate prevalence status and the psychosexual impat of female circumcision in Ismailia.

Subjects and Method

Two hundred and eighty seven women who were attending the family planning centers located in Maternal and Childhood Centers (MCC) in Ismailia were gynecologically examined to assess their circumcision status after informing them about the nature of the study and obtaining their consent. Only thirty seven women (12.9%) refused to particpt in the study. Females were gypnecologically examined, and if they were circumcised, the history concerning their circumcision was obtained including age and place at circumcision, the person who performed the circumcision and any associated complications.

All the recruited females were interviewed by a psychiatrist and a trained female nurse who works in the outpatient clinic to obtain information about the psychosexual life and problems of those females by the use of a psychosexual interview schedule. The nurse who interviewed both groups of the study (circumcised and uncircumcised) was blind to their circumcision status and the study objective.Test- retest and interrater reliability of the interview items were 0.83 and 0.75 respectively.

The psychiatric interview was a semistructured one based on the Arabic Version of the Sexual Behavior Assessment Schedule- Adult (SEBA.A) (Myer- Bahlburg and Erhardt, 1983) which was translated into colloquial Arabic language, with accepted reliability and validity (El - Defrawi, 1992). This interview schedule was developed for studies of potential long- term effects of medical conditions or disorders on sexuality . Covered are psychosexual milestones, current sexual motivation/ activity, sexual orientation, and sexual dysfunction. The interview schedule does not cover paraphilias and gender identity disorders. Only items from section II Sexual Activity Level and Motivation were used, these include: Sexual desire, Frequency of desire per week, Initiation of sexual activity, Presence of foreplay before sex, Enjoying sexual relationship,

Presence of orgasm, Frequency of orgasm per week, Time and Synchrony of orgasm.

Gynecological history included age at menarche, presence of dysmenorrhea, dyspareunia, dryness during sexual intercourse, and any other gynecological problem or complaint. Women who were found to be circumcised were asked about their belief and attitude about circumcision, how did they perceive circucision, whether it was painful or not, their personal attitude toward the circumcision procedure, their opinion about their daughter's circumcision and wheher they will or intend to circumcise them.

The type of circumcision was rated according to whether the clitoris was injured, excised or excised with the surrounding parts.

Results

Of the 250 females examined gynecologically, interviewed and included in the study, 200 women 80% were found to be circumcised. Table (1) shows that most of circumcised women (76%) had undergone this procedure between ages 8 and 12 years. In more than half of them (58.5%) it was done at home (table 2), and in 48.5% by day as (table 3) with injury to the clitoris in 50.5% (table 4). More than half of circumcised women (53.5%) have recalled complications following the procedures (table 5). Table 6 shows that there were no statistical significant difference between circumcised and uncircumcised regarding the age of menarche. The results of the semistructured. Sexual Behavior Assessment Schedule-Adult (SEBAS-A) showed that significantly more circumcised women reported lack of sexual desire (83%, $p<0.01$) (table 7), less frequency of sexual desire per week (table 8), less initiation of sexual relationship with husband, $p< 0.05$, (table 9), less pleased by sex, $p< 0.001$ (table 10), being less orgastic, $p< 0.001$ (table 11), with less frequency of orgasm $p< 0.05$ (table 12), having difficulty to time orgasm with husband, $p< 0.05$ (table 13), than uncircumcised women. However, foreplay before sex did not differ between both group, $p> 0.05$ (table 14). On gynecological assessment, circumcised women reported significantly more symptoms of dysmenorrhea, $p< 0.001$ (table 15), and dryness during intercourse, $p< 0.05$ (table 16) than uncircumcised women. Table (17) shows that both groups did not differ as regard dyspareumia ($p> 0.05$) Tables 18 and 19 show the attitude towards the circumcision traditional practice and their to subject their intentions daughters to it.

Table 1
Frequency Distribution of the Studied Females According to Age at Circumcision

age	Circumcised women n= 200	
	No.	%
< 8 years	14	7.00
8-12 years	152	76.00
> 12 years	34	17.00

Mean 10.8 ± 1.4 years

Table 2
Frequency Distribution of the Studied Females According to Places Where Circumicion was Done

Place	Circumcised n= 200	
	No.	%
Home	117	58.5
Medical clinic	69	34.5
Daya home	14	7

Table 3
Frequency Distribution of the Studied Females According to Circumcision's Operators

Operators	Circumcised n= 200	
	No.	%
1- Daya	97	48.5
2- Physician	73	36.5
3- Barber	17	8.5
4- Don't know	13	6.5

Table 4
Frequency Distribution of the Studied Females According to Type of Circumcision

Type	Circumcised women	
	No.	%
Injury of the clitoris	101	50.5
Excision of the clitoris	73	36.5
Excision of the clitoris + Surrounding parts	26	13.0
Total	200	100.0

Table 5
Frequency Distribution of the Studied Females According to Reported Complication of Circumcision

Complication	Circumcised n= 200	
	No.	%
No complications	93	46.5
complications	107	53.5
Pain	58	29.0
Bleeding	21	10.5
Infection (U.T.)	24	12.0
Clitoris swelling	4	2.0

Table 6
Frequency Distribution of the Studied Females According to Circumcision and Age at Menarche

Groups / Age at Menarche	Circumcised		Uncircumcised	
	No.	%	No.	%
9-11 years	4	2.00	12	24.00
12-14 years	162	81.00	34	68.00
15 and more years	34	17.00	4	8.00
Total	200	100.00	50	100.00

Mean (± SD) = 13.3 (± 1.4) for circumcised women and 12.5 (± 1.4) years for uncircumcised women.
Not statistically significant

Table 7
Frequency Distribution of the Studied Females According to Circumcision and Sexual Desire

Groups / Sexual Desire	Circumcised		Uncircumcised		Z	P Value
	No.	%	No.	%		
No	83	41.0	8	16.00	3.35	< 0.01
Sometimes	41	20.0	18	36.00	-2.30	-
Yes*	76	38.0	24	48.00	-1.29	>0.05
Total	200	100.00	50	100.0	-	-

- *X^2= 12.2, statistically significant.

Table 8
Frequency Distribution of the Studied Females According to Circumcision and Sexual Desire per Week

Groups / Frequency per week	Circumcised	Uncircumcised
1	21	3
2	14	5
3	17	3
4	13	4
5	6	6
6	1	-
7	4	3
Total	76	24

Mean (± 5 D) = 2.8 (± 1.7) for circumcised women, and 3.7 (±1.9) for uncircumcised women p< 0.05.

Table 9
Frequency Distribution of the Studied Females According to Circumcision and Initiator of Sex with Husband

Groups / Initiation of Sex	Circumcised No.	Circumcised %	Uncircumcised No.	Uncircumcised %	Z	P Value
Husband always	76	38.0	16	32.0	0.78	> 0.05
Husband sometimes	10	51.0	23	46.0	0.63	>0.05
Wife always *	22	11.0	11	22.0	-2.06	<0.05
Total	200	100.0	50	100.0	-	-

* X^2= 4.3, statistically significant, p< 0.05

Table 10
Frequency Distribution of the Studied Females According to Circumcision and Enjoyment of Sexual life

Groups / Enjoyment	Circumcised No.	Circumcised %	Uncircumcised No.	Uncircumcised %	Z	P Value
No	88	44.0	7	14.0	3.90	<0.001
Sometimes	48	24.0	20	40.0	-2.27	< 0.05
Yes	64	32.0	23	46.0	-1.85	<0.05
Total	200	100.0	50	100.0	-	-

*X^2= 15.4, statistically significant, p< 0.001

Table 11
Frequency Distribution of the Studied Females According to Circumcision and Achieving Orgasm

Groups / Orgasm	Circumcised No.	Circumcised %	Uncircumcised No.	Uncircumcised %	Z	P Value
Present *	58	29.00	22	44.00	-2.03	< 0.05
Sometimes	56	28.00	19	38.00	1.38	>0.05
Absent	86	43.00	9	18.00	3.257	<0.001
Total	200	100.0	50	100.0	-	-

*X^2= 10.7, statistically significant, p<0.001

Table 12
Frequency Distribution of the Studied Females According to Circumcision and Frequency of Orgasm per Week

Groups / Orgasm per week	Circumcised	Uncircumcised
1	19	2
2	13	3
3	15	2
4	4	6
5	2	6
6	3	1
7	2	2
Total	58	22

Mean (± SD) = 2.5 (± 1.6) for circumcised and 4 (± 1.7) for uncircumcised, p< 0.05

Table 13
Frequency Distribution of the Studied Females According to Circumcision and Time of Orgasm

Groups / Timing of orgasm as regard husband	Circumcised No.	Circumcised %	Uncircumcised No.	Uncircumcised %	Z	P
Before husband	42	21.00	14	28.0	1.06	> 0.05
With husband	37	18.50	17	34.0	-2.38	<0.01
Not at all *	121	60.50	19	38.0	2.87	<0.01
Total	200	100.0	50	100.00	-	-

X^2= 8.9, statistically significant, p< 0.05

Table 14
Frequency Distribution of the Studied Females According to Circumcision and Foreplay before Sex

Groups / Foreplay	Circumcised No.	Circumcised %	Uncircumcised No.	Uncircumcised %	Z	P
Not present	103	51.5	22	44.0	0.94	> 0.05
Present	97	48.5	28	56.0	0.94	
Total	200	100.0	50	100.0	-	-

X^2= 0.6, not statistically significant, p> 0.05

Table 15
Frequency Distribution of the Studied Females According to Circumcision and Dysmenorrhea

Groups / Menstruol cycle	Circumcised No.	%	Uncircumcised No.	%	Z	P Value
Painful	161	80.50	28	56.00	3.60	< 0.001
Not painful	39	19.50	22	44.00	-3.60	<0.001
Total	200	100.00	50	100.00	–	–

X^2= 11.7, statistically significant, p< 0.001

Table 16
Frequency Distribution of the Studied Females According to Circumcision and Dryness During Intercourse

Groups / Condition during Intercourse	Circumcised No.	%	Uncircumcised No.	%	Z	P Value
Dryness *	97	48.50	15	30.00	2.29	< 0.05
No dryness	103	51.50	35	70.00	-2.29	

X^2= 4.8, statistically significant, p< 0.05

Table 17
Frequency Distribution of the Studied Females According to Circumcision and Pain During Intercourse

Groups / Pain during intercourse	Circumcised No.	%	Uncircumcised No.	%	Z	P Value
With pain *	92	46.00	16	32.00	1.79	> 0.05
Without pain	108	54.00	34	68.00	1.79	
Total	200	100.00	50	100.00	–	–

X^2= 2.7, statistically not significant, p> 0.05

Table 18
Frequency Distribution of the Studied Subjects According to their Attitude for the circumcision Operation

Groups / Circumcision	Circumcised n= 200 No.	%
Harmful	138	69.0
Beneficial	62	31.0

Table 19
Frequency Distribution of the Studied Females According to their Attitude Towards Circumcision of their Daughter's

Groups / Daughter's Circumcision	Circumcised n= 200 No.	%
No	77	38.5
Yes	123	61.5
Religious tradition	62	31.00
Family tradition	37	18.5
Hygienic tradition	24	12.00

Discussion

There is a dearth of literature on the practice and psychosexual consequences of female circumcision. The assault on the female sex organs by circumcision, excision or infibulation has a profound effect on sex behavior . According to Karim (1993) female circumcision by excision with complete or partial removal of the clitoris gives psychological disturbances and less sex performance.

Our first major finding is that in a naturalistic setting (MCC) consulted & visited by females from lower and middle

social classes over 80% (n=200) were circumcised which suggests that circumcision is a frequent and common practice in the Egyptian culture particularly in rural and semiurban population. This means that in the Suez Canal area the female population is not markedly different at least as regard the cultural practice of female circumcision. Our results are in accordance with Karim (1993), Wassif et al (1994), Mahran (1979) and Assad (1985, 1987) where female circumcision rates reached between 77%, 82% and to up to 95%.

One of the advantage of the present study is the use of a semistructured interview (SEBAS-A) to obtain information on the sexual activity level of the studied females by a blind and trained investigators. The differences on psychosexual activity between circumcised and uncircumcised suggest that further research is needed in this area, perhaps by the use of a control group of uncircumcised women and with a larger number of women. Similar and previous studies did not use a control group, possibly because they were done exclusively on circumcised female population (Mahran 1987, Assad 1987 and Wassif et al. 1994).

The second major finding was that those circumcised females were more likely to report statistically significant psychosexual difficulties in the form of less sexual activity, less enjoyment of sex, less frequency of orgasm and less synchrony in time of orgasm with their husbands. On the other hand, circumcised females were more likely to report statistically significant more gynecological problems than uncircumcised females, in the form of dyspareunia, and dysmenorrhea. Dirie and Lindmark (1992) reported that the sexual and medical complications in Somali women studied have reached up to 40%, this is similar to our figures. . Also, Cutner (1985) has warned that genital mutilation of females constitutes significant health hazards to the emotional and psychosexual status of women . Female circumcision may lead to vaginal muscular spasms, insensitivity and sex phobia or fear of sex which might appear later in the form of reduced psychosexual performance and satisfaction (Karim, 1993). It is possible that those circumcised females differ from uncircumcised females in their religious belief and background and were more inhibited to report about their sexual personal life in a positive way. However, future studies should attempt to link the religious and socio - cultural believes with the reported sexual activity functioning and attitude towards their circumcision.

The third major finding of the current study is that although the majority of circumcised females (69%) have reported that they consider circumcision as a harmful procedure, however, about two thirds of the them (61.5%) have reported that they have had circumcised their daughters or intending to do so. These results are in agreement with the figures obtained by Wassif et al (1994) in Sharkia governorate where 64.5% of daughters were circumcised. Also, this might reflect the sociocultural and religious influence on the vertical transgenerational transmission of the female circumcision. Future studies should evaluate and assess the impact of health programs aiming at prevention of this sociocultural practice on the public concept and beliefs and practice rates in different social and subcultural communities in Egypt.

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- **L'impact psychosexuel de la circoncision féminine.**

250 femmes consultant un centre de maternité ont été selectionnée au hasard et ont passé un examen génycologique et un entretien psychiatrique afin d'évaluer chez celles ayant subit la circoncision leurs activité psychosexuelle. Nos resultats montrent que la circoncision féminine est toujours largement pratiquée en Egypte, les implications de ces résultats sont discuttées.

الأثر الجنسنفسى لختان الإناث

قام الباحثان بدراسة مائتين وخمسين سيدة من بين المترددات على مراكز وعيادات تنظيم الأسرة ومراكز الطفولة والأمومة فى محافظة الإسماعيلية بمنطقة قناة السويس، وذلك بهدف التعرف على معدل انتشار ممارسة عادة ختان الإناث والمصاحبات الجنسنفسية لهذه العادة، وقد وجد أن ٨٠٪ من السيدات قد أجريت لهن عملية الختان فى الصغر، وأن ٢٠٪ من السيدات غير مختنات. وقد تم إجراء مقابلة شبة مقننة (جدول السلوك الجنسنفسى للبالغين) للتعرف على السلوك الجنسى لبيان وجود الرغبة الجنسية وتكرارها والمداعبات الجنسية والمبادرة بالعملية الجنسية والاستمتاع بالجنس ووجود ذروه الشهوة والوصول إليها وتوقيتها بالمقارنة بالزوج– وقد تم عمل فحص جسمانى لأمراض النساء لبيان نوعية الختان – كما تم السؤال عن وجود آلام الطمث والجماع والجفاف أثناء الممارسة الجنسية، وبالاضافة فقد أخذ من التاريخ الشخصى السن وقت إجراء عملية الختان ومكانها وأيه مضاعفات أو آلام والشخص الذى أجراها، كما أستطلع رأى هؤلاء السيدات ووجهة نظرهن بالنسبة لعملية الختان وهل ينوين إجرائها (أو قد أجرينها فعلاً) لبناتهم.

وقد أظهرت النتائج وجود فروقات ذات دلالة إحصائية بين المختنات وغير المختنات بالنسبة للسلوك الجنسنفسى من حيث وجود رغبة جنسية أقل وانخفاض فى المبادرة الجنسية الزواجية وقلة فى مداعبات ما قبل العملية الجنسية وانخفاض في وجود الذروة الجنسية وعددها وعدم توافق فى توقيت الوصول للذروة الجنسية، وذلك فى السيدات المختنات بالمقارنة بالسيدات غير المختنات، كما إتضح أن هؤلاء السيدات المختنات لديهم آلام الطمث والجماع والجفاف أكثر منها فى السيدات غير المختنات، ورغم أن ٦٩٪ من المختنات ذكرن أن عملية الختان كانت مؤلمة إلا أن ٦١٪ قد قررن أنهن قد يختن أو ينوين ختان بناتهن .

وتناقش الدراسة الدلالات والعوامل الثانوية وراء هذه النتائج مع التوصيات اللازمة.