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Sexual and Gender Identity Disorders in Egypt

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After exploring the available Egyptian studies done on sexual and gender identity disorders, we found that the first study was done at 1970 and we found only 45 studies; so we can conclude that this topic is neglected from the psychiatrist researchers especially the gender identity disorder where only one research studies this point and it is a part of M.D. thesis. In addition, we found one protocol of M.D. thesis, 2008, having the topic "sexual dysfunctions among a sample of Egyptian psychiatric female patients" at the web site of Faculty of Medicine- Ain Shams University (http://med.shams.edu.eg–academics–protocols). We must mention that the library of faculty of medicine- Cairo University contain the theses from 1990 only, so the studies done before this date are not available and are not mentioned in our work.

After reviewing these researches systematically (qualitative), we found that 34 researches studied the epidemiology, 15 researches studied the etiology, 15 researches studied the clinical description, 12 researches studied the outcome of sexual and gender identity disorders, nine researches studied the knowledge and opinion about human sexuality and only three researches studied the management of sexual and gender identity disorders.

As regards the prevalence of sexual and gender identity disorders; we found that the sexual dysfunctions are highly presented among the depressed and schizophrenics patients especially the non paranoid schizophrenics. Also, about one third of the male chronic heroin abusers complain of impotence or decreased libido. As regards the medical patients, we found that end stage renal disease patients under regular haemodialysis either males or females and the epileptic male or female patients have impairment in their sexual performance. The sexual assault especially the child sexual abuse is present in 45% of the depressed woman. Also, we found a high prevalence of sexual dysfunctions among the circumcised than the uncircumcised women. In addition, we found that the lesbianism is present among 7% of the healthy females, whereas 9.6% of the healthy males have homosexuality. Paraphilias are present in the male rape offenders and even the male or female epileptics show paraphilic disorders. Moreover, we found that 1.6% of female epileptics with sexual disorders have transexualism.

As regards the etiology of sexual and gender identity disorders; several etiological factors may lead to female sexual dysfunctions as family history of sexual dysfunction, parental emotional detachment, paternal psychopathology, gynecological problems, female genital mutilation (circumcision), history of sexual abuse, sexual trauma in the wedding night and sexual problems among the partner.

As regards the clinical description of sexual and gender identity disorders; we found that some females come to the clinic complaining indirectly of sexual dysfunction as inaccessible intercourse, pelvic heaviness, low back pain and vague sexual complaint. Also, we found that severity of depression is significantly more in depressed male patients with sexual dysfunction than depressed male patients without sexual dysfunction.

As regards the management of sexual and gender identity disorders; we found that talk therapy (without drug therapy) is more convenient than drug therapy for treatment of impotent patients. In addition, sexual improvement occurs after treating depression with tricyclics among depressed patients with sexual dysfunctions.

As regards the outcome of sexual and gender identity disorders; we found that 27.3% of women presented with a sexual complaint have marital dissatisfaction.

As regards the knowledge and opinion about human sexuality; the mean scores of knowledge about sexuality and about sexually transmitted diseases of male university students are significantly higher than female university students. Moreover, about two third of circumcised wives intend to circumcise their daughters (for religious tradition, family tradition or hygienic tradition).

It is worth noting that, the study design is not mentioned clearly and the size of the sample (power of the study) is not statistically calculated among most of the studies.

Lastly, we hope to establish a national register system for all Egyptian studies to prevent missing any Egyptian scientific work.

Finally, we would like to thank all Egyptian researchers who study "sexual and gender identity disorders" without their researches, this work couldn't be finish.