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Opinion article

Psychosocial and sexual aspects of female circumcision

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Abstract

Sexual behavior is a result of interaction of biology and psychology. Sexual excitement of the female can be triggered by stimulation of erotogenic areas; part of which is the clitoris. Female circumcision is done to minimize sexual desire and to preserve virginity. This procedure can lead to psychological trauma to the child; with anxiety, panic attacks and sense of humiliation. Cultural traditions and social pressures can affect as well the unexcised girl. Female circumcision can reduce female sexual response, and may lead to anorgasmia and even frigidity. This procedure is now prohibited by law in Egypt.

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Introduction

Sex is one of the basic drives. Impairment of this drive/sexual functioning can have a profound effect on the persons' quality of life and other aspects of functioning. Sexual behavior represents a very complex and interesting interaction of biology and psychology. Sexual excitement represents a complex interaction of central and peripheral nervous systems, modified by various psychological and physical factors [1]. Masters and Johnson [2] introduced the idea of

human sexual response including excitement, orgasm and resolution phases. Later Kaplan [3] added the desire phase. The desire phase reflects motivations, drives and personality and is characterized by sexual fantasies and the desire to have sexual activity, and in the female is controlled mainly by androgens particularly testosterone secreted by the ovaries. Excitement phase is a result of sexual stimulation either physical or psychological. Sexual excitement in the female can be observed in a generalized bodily reaction of myotonia and vasocongestion of the clitoris which is enlarged together with the uterus, expansion and ballooning of the vagina and vaginal lubrication. The clitoris is heavily endowed with nerve endings responding to the touch, its stimulation can trigger an orgasm. But orgasm in the female is a complex central nervous system function and the clitoris is only a small part of the structure responding to stimulation including the vaginal introitus, the anterior wall with endings responding to deep pressure which indicates that stimulation through the clitoris is a part of the organs contributing to the total response.

This can explain why women who have undergone clitoridectomy have been able to experience orgasm [4]. However, presence of a part of the clitoris and labia minora can lead to increased frequency

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of orgasm than complete excision. The vestibule of the vagina is also an important source of erotic stimulation as the labia minora or the clitoris [5]. This can be achieved through tactile stimulation by the male genitalia or body pressing against the labia minora, the clitoris and the vaginal vestibule. Other stimulation can occur through total body contact with partner, stimulation of levator ring muscles, stimulation of nerves lying on the perineal muscle mass (pelvic ring), end organs in the wall of the vagina itself and breast tissues. Orgasms can be triggered through the use of fantasy alone without sexual partner or any physical manipulation of self.

Female circumcision

This includes four types: the sunna circumcision which consists of removal of the prepuce of the clitoris only, preserving the clitoris itself; excision or reduction which means removal of the prepuce, the glans of the clitoris together with adjacent parts of labia minora or the whole of it including labia majora; the infibulation which is more complicated by suturing the vaginal introitus after excision leaving only small opening for the menses and urine.

Female circumcision is done to minimize sexual desire and to preserve virginity [6].

Psychological complications of female circumcision

Baasher [7] reported "it is quite obvious that the mere notion of surgical interference in highly sensitive genital organs constitutes a serious threat to the child and that the painful operation is a source of major physical as well as psychological trauma.

Anxiety, night mares with panic, subsequent sense of humiliation and being betrayed by her parents can be observed after circumcision. On the other hand, in a community with sufficient pressure put on the child to believe that her clitoris or genitals are dirty, dangerous or a source of irresistible temptation, she will feel relieved psychologically, if made like every female else. To be different produces as well anxiety and mental conflict. An unexcised non-infibulated girl is despised and made the target of ridicule and no one in the community will marry her.

Sexual complications of female circumcision

Excision of the clitoris and/or other sensitive parts of the female genitalia reduces the female sexual response, may lead to anorgasmia and even frigidity, cases of tight infibulations, where the husbands are unable to penetrate into the vagina, resort to anal intercourse or even used the urethral meatus as an opening [8] and consummation of marriage may take several weeks [9]. The process of the infibulation is painful and may take a long time up to two years

to complete the consummation during which women seek medical help for infertility.

The psychological and social impact of being sterile is profound because a women's worth is usually measured by her fertility and being sterile can be a cause for a divorce [10].

On the other hand, some circumcised women report having satisfying sexual relations including sexual desire, pleasure and orgasm. Female genital mutilation does not eliminate sexual pleasure totally for every woman who undergoes the procedure, but it does reduce the likely of orgasm.

Conclusions

Circumcision of females or female genital mutation (FGM) is a cruel procedure, a cultural tradition, which deprives women of sexual satisfaction, exposes them to psychological and physical complications. It is now prohibited by law, but this is not sufficient to eradicate. Still we need more effort to change these cultural beliefs.

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