



Female genital mutilation and sexuals impacts

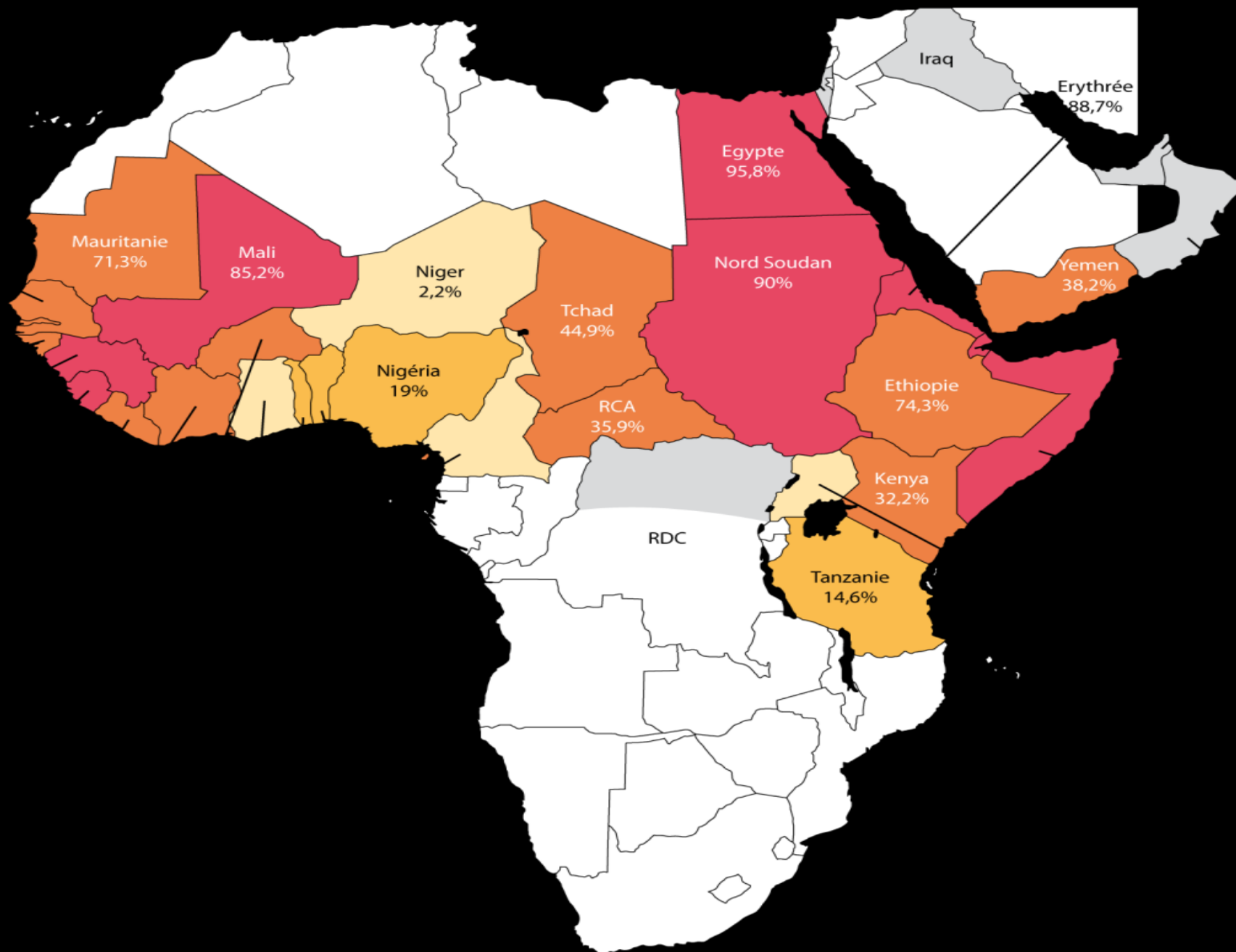
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DEFINITION

- **Female genital mutilation (FGM), or female genital cutting and female circumcision**, is defined by the World health organisation (WHO) as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs **for non-medical reasons**.

INTRODUCTION

- 3 Millions girls from a few days old to puberty are exposed each year
- The WHO estimates that 100–140 million women and girls around the world have experienced the procedure, including 92 million in Africa.



HISTORY

- Gynaecologists in England and the United States 19th century to "cure" insanity, masturbation, and nymphomania.
- The first reported clitoridectomy in 1822 by a surgeon in Berlin on a teenage girl [Isaac Baker Brown](#) (1812–1873)

johnsdotter, S and Essén, B. 2010: "Genitals and ethnicity: the politics of genital modifications." *Reproductive Health Matters* 2010; 18 (35) 29-37 ■

- Until Now surgical intervention not different to MGF are made by surgeon for esthetical reasons and in a very different context (the reduction of *labia minora*), the vagina narrowing

WHY ?

- Raising a girl properly
- To cleanse girl by the removal of "male" body parts.
- To make them able to handle food and water
- belief that a woman's genitals might continue to grow.

Gender discrimination

- Improve sexual health of men
 - To make women get married
 - It ensures pre-marital virginity and inhibits extra-marital sex, reduces women's libido
- ==) Community cohésion and identification to a culture

Classification

- **Type I**, removal of the clitoral hood, clitoris itself clitoridectomie ;
- **Type II**, removal of the clitoris and inner labia
- **Type III** (infibulation), inner and outer labia, and clitoris, **fusion of the wound**, opened for intercourse and childbirth.
- **Type IV**. pricking or piercing **cauterization**, cutting into the vagina to widen it ([gishiri cutting](#)), **corrosive substances** to tighten it.^[3]

Complications

- The formation of scars and keloid
- Urinary tract sequelae damage to urethra and bladder with infections and incontinence.
- Genital tract dysmenorrhea, dyspareunia
infertility hematocolpos and hematometria
epidermoid cyst

Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States. Prevalence and predictors. JAMA 1999; 281: 537-544.

- Emotional problems and stress
OR = 4.65 (CI 3.22-6.71) ==) arousal disorders
- Urinary tract symptoms
RR = 4.02 (2.75-5.89) ==) arousal disorders
RR=7.61 (4.06-14.26) ==) sexual pain

==) FEMALE SEXUAL DISORDERS

Coital complications

- **Dyspareunia** fragile indurated and bleeding cicatrice periodic reinfibulation or defibulation destruction of perineum by obstetrical complications
- chronic agonizing pain / **neuroma**
- constant pain that can generate **phantom clitoral pain**

Erotic complications

- **Primary anorgasmia** orgasme is a complex systemic reflex he encompasses many pathways
- Rudimentary state At birth
- Epigenetic establishment of the circuit
- influence of endogenous stimulation around age 3
- self induced orgasm is a necessary preliminary for attaining vaginal orgasm

Methods

- Describe MGF and sexual repercussions
- Prospective and randomised selected
- Case control study : 176/ 352 questionnaire
- statistical analysis: simple and cross tabulations Chi square test $p < 0.01$
- Exclusion criteria : pregnant ; non healthy ; 18

RESULTATS

- Female sexual disorders :
 - 71,8 % with FGM
 - 56,4 % of non circumcised women
- The loss of sexual desire
 - 2.9 fold higher than control group
- Sexual Pleasure Disorder:
 - For infibulation the risk is 8.2 higher
 - For excision the risk is just 3.2 fold higher

Table 1: Female genital mutilations and their impacts on female sexuality

Sexuals parameters	ODD ratio	p
Sexual desire	0.43	Under 0.01
Dyspareunia	2.01	Under 0.01
Loss of pleasure	4.07	Under 0.01
Sexual satisfaction	2.21	Under 0.01

DISCUSSIONS

- El Dareer

- Loss of pleasure in 50 %
- loss of desire : 23 %

- Shandall , 4 024 women

- just 10 % have loss of pleasure

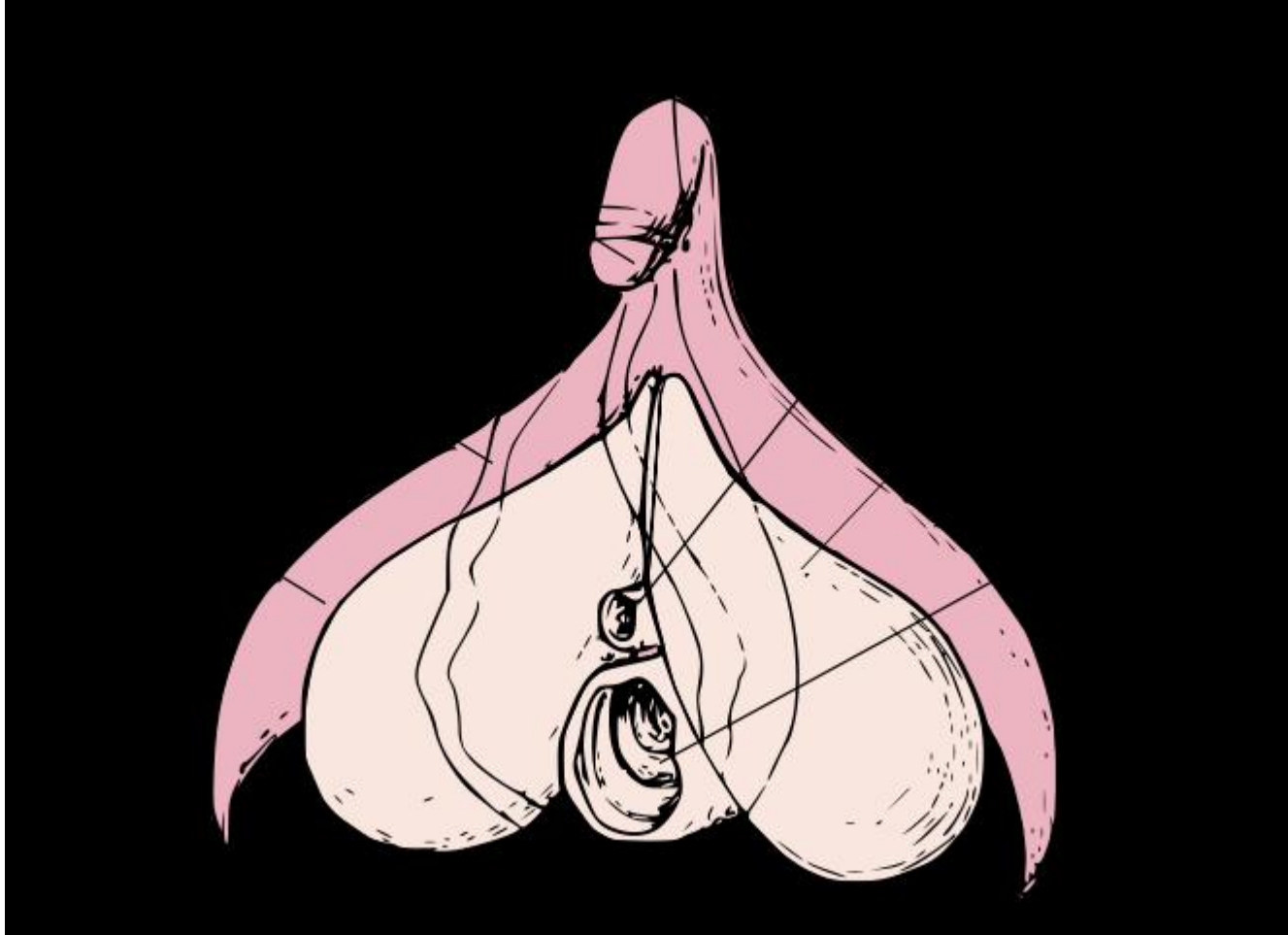
Infibulation

- With **Type III** the risk of sexual dysfunction was higher.
- Shandall [7], 80 % of those with type III have loss off pleasure

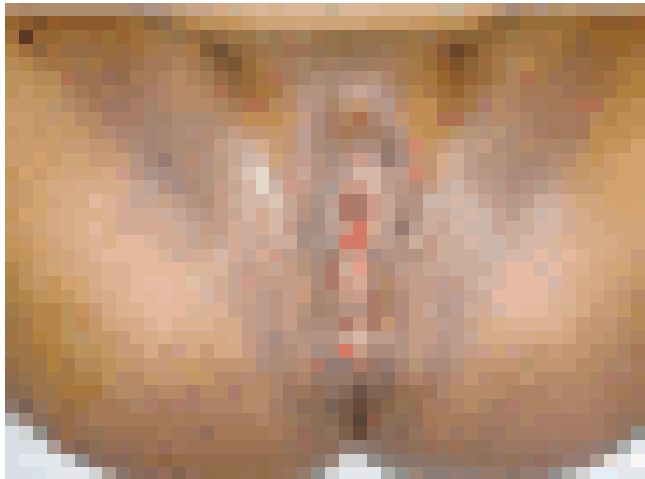
Big Controverses and Disparities

- Lightfoot-Klein [6] 300 women with type III FGC , 90 % have sexual pleasure and orgasm
- Okonofua FGC does not reduce, but may increase sexual desire in women

Anatomie



18. Nour N, Michels K, Bryant A. Defibulation to treat female genital cutting: effect on health and sexual function. *Obstet Gynecol.* 2006;108:55–60. [[PubMed](#)]



deinfibulation "Harry Gordon (1998) 95% of the women had remains of the clitoris or indeed, the whole organ hidden in the scar tissue."

Human's plasticity

- Because there is a shift of the point of maximal sexual stimulation from the clitoris and/or labia to the **breasts**

RESEARCH

- **Methodology** : poor design, inadequate analysis, and unclear reporting of results
- **Measurements** of sexual satisfaction of women who have undergone FGC
- How **concepts related to sexuality** are defined, translated, and communicated.

RESEARCH

- Complex psychosocial and biological interaction
- the diverging cross-cultural perceptions and understandings of sexuality

conclusion

- FGM are human rights violations, lack of informed consent, and health risk
- Sexuality is a learning process disturb by this social physical and psychological aggression
- The impacts is clear on : identity , the psychosocial developement ,body conception ; emotional and pleasure feelings



HE IS
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CUT
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ORGAN !?



SHE IS MORE BEAUTIFULL
WHEN SOCIETY DECIDE TO
CUT HER SEXUAL ORGAN
!!!!

