Chapter 11

PRELIMINARY RESEARCH INTO THE PSYCHO-SEXUAL ASPECTS OF THE OPERATION OF DEFIBULATION

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1. INTRODUCTION

Infibulation is the excision of part or all the external genitalia followed by stitching closed the vaginal opening (WHO, 2000). All types of female genital mutilation (FGM) have immediate and long-term complications (Cook, Dickens, and Fathalla, 2002), but long-term complications are more often associated with infibulation than with the lesser excision or *sunna*. Wheelwright (1989) states that genital mutilation results in significant reduction of sexual desire, El-Defrawi, *et al*. (2001), report that mutilated women have greater loss of desire and difficulty in reaching orgasm than intact women. Morrone (2001) describes loss of orgasm due to the amputation of the clitoris, and Rymer (2003) reports that, even if FGM has resulted in minimal physical damage, the sexual response is often decreased or absent. In the same way, Thabet and Thabet (2003) report that sexuality is markedly affected in mutilated women. Nevertheless, Ahmadu (2000) suggests that infibulation may not always have a negative impact on women's psychosexual life. Lightfoot-Klein (1989) reports that circumcised women have sexual desire, pleasure, and can reach orgasm. Megafu (1993), Okonofu, *et al*. (2002), Nwajei & Otiono (2003) say that mutilated women report that their breasts and lips are their most sexually sensitive body parts; intact women,

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however, report that the clitoris is the most sensitive part. Catania, *et al*. (2004), in a sample of 137 mutilated women with no serious complications (who immigrated to Western countries), report that 75.3% refer to their sexual desire as intense; almost 60% report they always reach orgasm.

Nevertheless, Lightfoot-Klein (1989) states that non-orgasmic circumcised women tend not to take part in interviews about sexuality so that the results may not reflect the real situation. However, FGM is a very serious violation of the rights to physical integrity and to a complete sexual life. Thanks to suitable care for mutilated women, of which deinfibulation is a fundamental element, it is possible to improve the conditions of life for many.

Surgical deinfibulation is the procedure used to reverse infibulation. It involves the incision of the scar tissue to allow the widening of the narrowed vaginal opening. The use of surgical deinfibulation has proved effective in reducing psychosexual complications, but still tends to be little used in the developed world (Aljhadali, Amarin, Abduljabbar, 2001). Surgery is usually straightforward, but the women's expectations should be clear (The Royal Australian College of Obstetricians and Gynaecologists, 1997). In Florence, the Research Centre for Preventing and Curing FGM and its Complications has been performing this operation for more than ten years, using both traditional surgery with scalpel and CO_2-laser surgery. The deinfibulation is

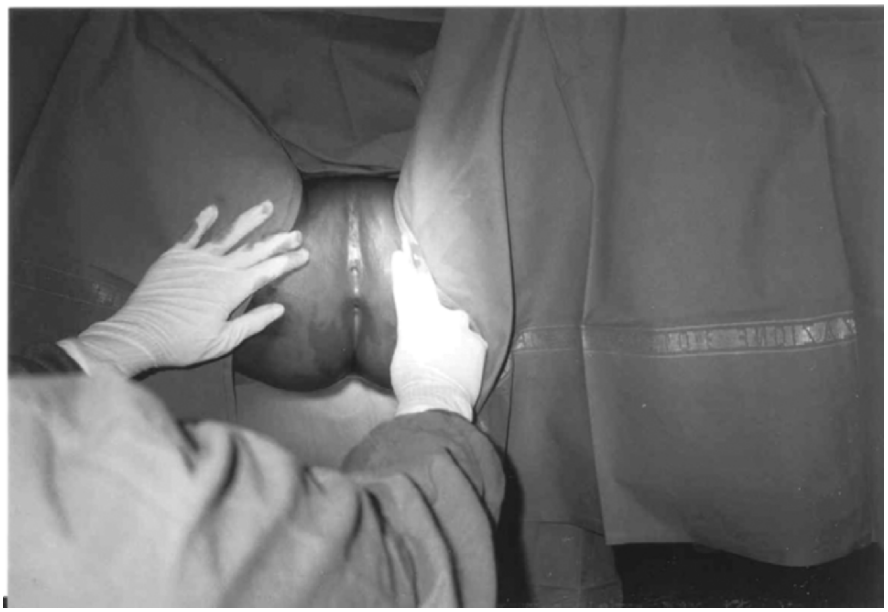

Figure 11-1. Infibulated genitals

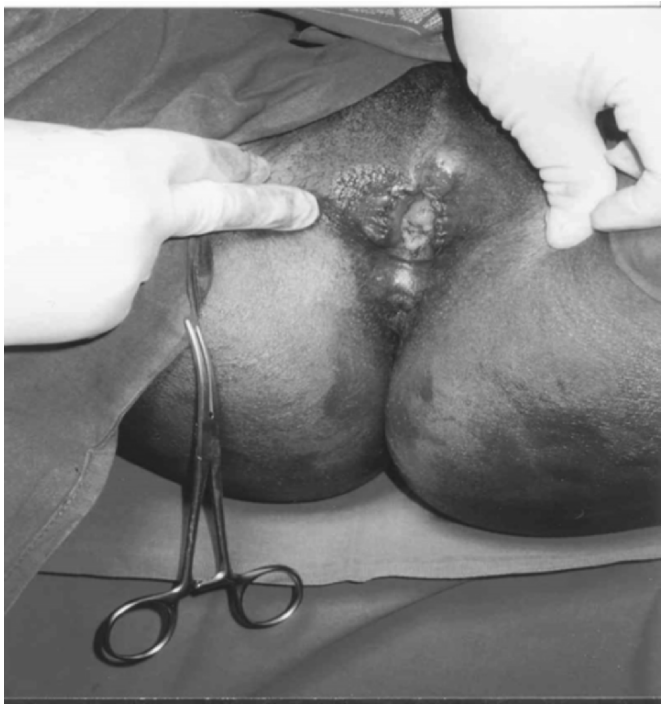

Figure 11-2. Deinfibulated genitals

performed for obstetric and gynecological reasons. It is intended to create a normal vaginal opening and to rebuild, if possible, the "normal" anatomy of external mutilated genitals. Photographs 1 and 2 show infibulated genitals before and after deinfibulation.

2. PURPOSE

To investigate socio-demographic characteristics of the samples' procedure, feelings, biomedical complications related to the infibulation, and motivations, expectations, feelings, and physical and psychological changes caused by the deinfibulation. Psychosexual answer of the deinfibulated women compared with a sample of infibulated women that have not undergone deinfibulation.

3. METHOD

3.1 Participants

•Deinfibulated Group (DG): Fifteen (15) infibulated women, immigrated from Somalia to Italy, who have undergone the deinfibulation for obstetrical or gynecological reasons at the Research Centre for Preventing and Curing FGM and its Complications in Florence. The sample has been enrolled at the center and in informal situations.

• Infibulated Group (IG): Fifteen (15) infibulated women, without serious complications, immigrated from African countries. The sample has been chosen from a sample originally wider (N =137) enrolled in the USA, in informal situations (N = 37) and in Italy, at the center, and in other places (N =100).

3.2 Instruments

A semi-structured interview was expressly created to investigate feelings about mutilation (DG and IG) and motivations, expectations, and physical and psychological changes caused by the deinfibulation (DG).

Table 11-1. Examples of Survey Questions

Topics	N°item	Item examples
Socio-demographic characteristics	31	"How long have you been living in Italy?"
Procedure, feelings, biomedical complications related to infibulation	10	"How did you feel just before the operation?"
Motivations, expectations, feelings, and physical and psychological changes caused by the deinfibulation	24	"What reasons made you decide to be deinfibulated?"
Anxiety and depression	4	"Would you define yourself as an anxious person?"
The psycho-sexual answer of deinfibulated women	26	"Do you think your sexual life has improved after dinefibulation?"
Possible alternatives to infibulation	3	"Would you infibulate your daughter?"

The group of fifteen deinfibulated women were members of the Somali community in Florence and were investigated after deinfibulation, some months after having started sexual activity. The majority (53.3%) of them worked as housekeepers, 20% were students, 13.33% worked freelance, 6.6% as employees, and 6.6% were unemployed. More than half (53.3%) of DG lived with their husband. All women were Muslim.

The psychosexual response has been investigated and compared with the psychosexual response of a group of infibulated women who have not undergone deinfibulation.

An Italian preliminary adaptation of the Female Sexual Function Index (FSFI) by Rosen, *et al*. (2000) was administered to the DG and IG groups. The FSFI is a nineteen-item questionnaire, developed as a brief, multi-dimensional self-report instrument for assessing the key dimensions of sexual function in women in the most recent four weeks. The FSFI investigates six domains: desire, arousal, lubrication, orgasm, satisfaction, and pain. Women freely agreed to answer the questionnaire. They were contacted by a specialized, trained gynecologist renowned, in the Italian and European community of immigrants, for his work in this field.

4. RESULTS

Women's average age of the DG was 28.8 ± 4.9 years; and, for the IG, it was 29.2 ± 3.7 years. Average age of DG at the moment of the infibulation was 9.42 ± 26.88 months. "Where was the operation performed?" Among the DG, 33.33% were in hospital, 33.33% in the house of the operator, 20% in their own homes. 6.6% in a neighbor's house, and 6.6% do not remember. About the person who performed the operation: 40% of the DG refer to a doctor, 40% to a nurse, 13.33% to a local woman who usually performs the mutilation, and 6.66% do not remember. According to 66.66%, anesthetics and antibiotics were used to relieve pain and prevent infections.

How did you feel in the days after the operation?

In accordance with El-Gibaly (2002), infibulated and deinfibulated women expressed ambivalent feelings and conflicting childhood memories about their mutilation.

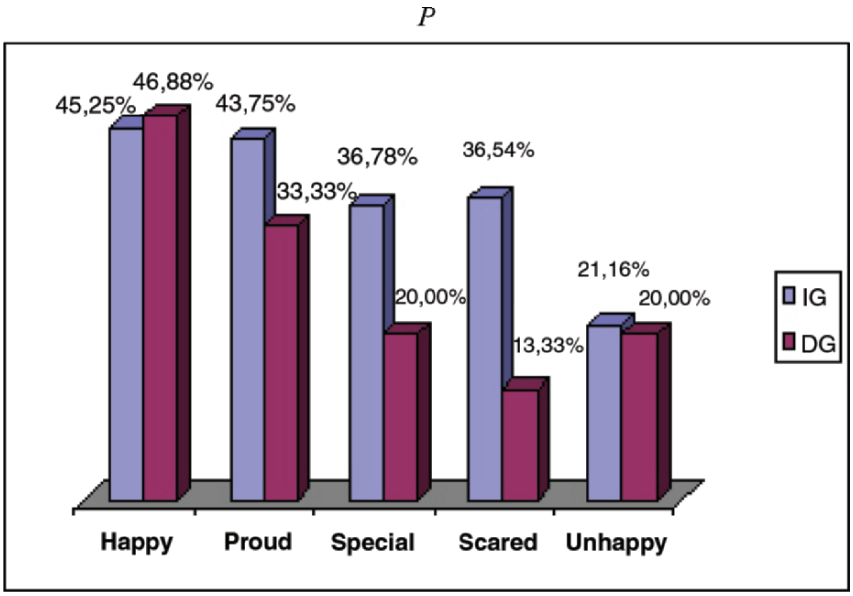

Figure 11-3. How did you feel in the days after the operation?

Table 11 -2. Did you have any complications in the years after the operation?

Description	**n***	**%**	**n***	**%**
None	2	13.33	0	0.00
Urinary infection	2	13.33	n.a.	n.a.
Urinary retention	1	6.66	2	13.33
Menstrual pain	12	80.00	9	60.00
Pelvic infection (pain, temperature)	0	000	n.a.	n.a.
Pain during sexual intercourse	7	46.66	4	26.66
Huge scars or cysts in the scar	2	13.33	0	000
Cysts and abscesses	2	1.33	n.a.	n.a.
Difficulty in getting pregnant	2	13.33	0	000

The deinfibulation was performed because of medical reasons (46.66%), for having the first sexual intercourse (40%), for improving sexual life (46.66%), for reducing the probability of a difficult childbirth (13.33%).

Table 11-3. After the deinfibulation, what changes in your body did you most appreciate?

Description	n*	%
Urinating more easily	7	46.66
Having a more abundant flux	4	2.66
Having less menstrual pain	7	46.66
Having less painful intercourse	11	7.33
Having no more infections	2	13.33

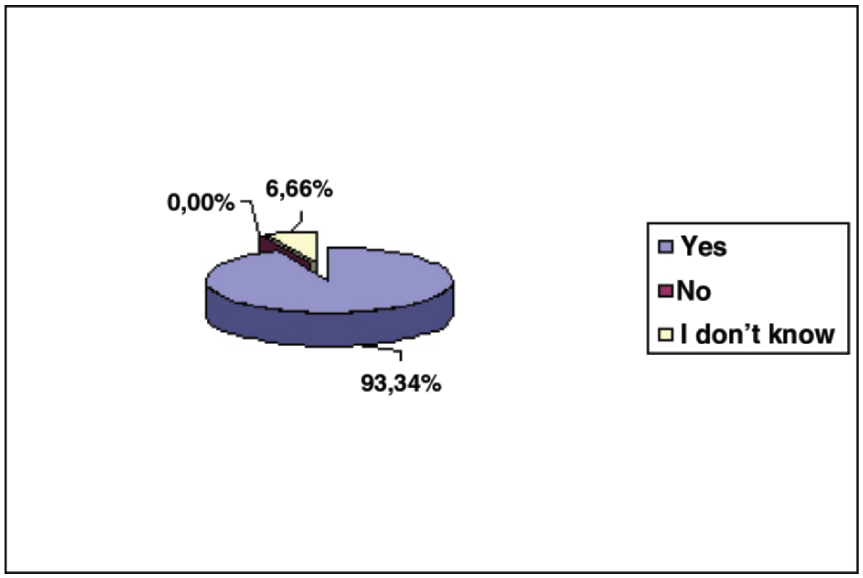

Figure 11-4. If you could go back in your life, would you choose to be deinfibulated?• Psychosexual answer of the deinfibulated women (53.33% of the DG were sexually active).

Do you think that your sexual life improved after deinfibulation?

Can you reach orgasm with penetration?

Table 11-4. Psychosexual Aspects

Item	SS effect	Df effect	MS effect	SS error	Df error	F	p
Pain during penetration	4.03	1	4.03	38.27	28	2.95	0.10
No desire	1.63	1	1.63	23.33	28	196	0.17
Sex repugnance	0.03	1	0.03	7.47	28	0.13	0.73
Sex without desire	0.30	1	0.30	25.07	28	0.34	0.57
Sex with desire	0.03	1	0.03	29.33	28	0.03	0.86
Simulated orgasm	0.03	1	0.03	9.33	28	0.10	0.75
Sex importance	1.20	1	1.20	11.60	28	2.90	0.10

Table 11-5. FSFI Domains: DG and IG

Domain	**S effect**	**Df effect**	**Ms effect**	**SS error**	**Df error**	**F**	**p**
Desire	3.33	1	3.33	139.87	28	0.67	0.42
Arousal	140.83	1	140.83	1005.87	28	3.92	0.06
Lubrication	34.13	1	34.13	1241.87	28	0.77	0.39
Orgasm	149.63*	1*	149.63*	696.67*	28*	6.01*	0.021*
Satisfaction	13.33	1	13.33	431.47	28	0.87	0.36
Pain	563	1	5.63	1033.33	28	0.15	0.70

5. CONCLUSION

In accordance with Morrone (2001), women have been infibulated in hospital by doctors, and medicine (antibiotics and anesthetics) generally has been used. Women have different feelings about their condition of being infibulated (happy, proud, scared, and unhappy). In accordance with Obermeyer (1999), no serious short- or long-term complications have been observed. In accordance with Amhadu (2000), this study suggests that deinfibulation has no definite negative impact on women's psychosexual life. Women were all satisfied with deinfibulation; the complications of infibulation have been improved by deinfibulation. In accordance with Lightfoot-Klein (1989) and Catania, *et al,* (2004), nearly all deinfibulated women can reach orgasm with penetration.

From the Analysis of Variance between the sample of deinfibulated women and the sample of infibulated ones, there is a significant difference in the orgasm scale of FSFI. On the contrary, no significant differences were found in the items of the interview about psychosexual aspects.

All women of DG and IG were sexually active. Before the deinfibulation, 53.33% of DG had already had sexual intercourse by penetration. The quality of the sexual life of DG after the deinfibulation improved in 46.66%, and 93.33% of DG could have orgasm, only 6.67% could not.

All women agreed to answer the questions about orgasm: their answers were unambivalent because they described the psycho-physical effects that connoted the greatest moment of pleasure/arousal that they have defined as orgasm (involuntary pleasurable rhythmic contractions of the vagina, pulsations of the internal genitals, feeling of warmth all over the face and body, crying out of uncontrollable words or sounds, a complete abandoning of the body, feeling of loss of control, feeling of exploding or melting). Our research will complete the results with laboratory data (e.g., vaginal blood flow, nuclear magnetic resonance of genitalia, electromyogram, ultrasound scan of pelvic muscles, and color Doppler) in the group of infibulated and defibulated women we investigated.

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