

Female Genital Mutilation and sexuality

Sexual and reproductive health
course – 2006

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Questions for research

- **Why** do we need to know anything about the relationship between sexuality and FGM?
- **What** do we need to know?
 - Cultural perceptions
 - Personal experiences
 - Physical consequences
 - Psycho-sexual consequences
- **How** can we use this knowledge to support processes of abandonment?



Areas of research

- **Sexual activity**
 - sexually activity, STI, fertility rate, marriage age.
- **Sexual desire – pleasure - satisfaction**
 - Female sexual pleasure; physical, cultural, psycho-social.
 - Male sexual pleasure.
 - Physical or cultural
- **Sexual control**
 - Is FGM a form of male sexual control? But when done by women?
- **Infibulation**
 - defibulation – re-infibulation.



Sexual satisfaction

- Sexual experiences of infibulated women
- More than 90% of infibulated women experience orgasm (Lightfoot-Klein 1989).
- More than 90% have no pleasure in sex (El-Deefrawi 2001; Hassan 2001).
- A review of literature on FGC concludes that the varying reports are sufficient to challenge the assumptions that capacity for sexual enjoyment is dependent on an intact clitoris and that orgasm is the principal measure of “healthy sexuality” (Obermeyer 1999).



Sexuality and sexual pleasure: Cultural - biological - psychological

● **Biology**

- FGM remove clitoris – believed to reduce sexual pleasure & satisfaction

● **Anthropology**

- Significance of clitoris a western invention?
- Sexuality culturally construed
- Other erogenous zones compensates



Man, 40

“FGC is bad because it removes the feelings from a woman. But at that time (as a young boy), we did not know about clitoris and lips and all that. We did not know that women had genitals as such or any sexual feelings. We just felt it (circumcision) was a simple solution to preserve their chastity.”



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