



# Sexual Experiences and the Psychosexual Effect of Female Genital Mutilation (FGM) or Female Circumcision (FC) on Sudanese Women

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## ABSTRACT

The most serious traditional practice of FGM/FC should be considered and dealt with as a synonym for an endemic, epidemic and fatal disease specific to girls and women. Despite the over two decades of anti-FGM/FC efforts, the prevalence of FGM/FC in Sudan is escalating. Many research gaps have to be bridged for the identification of effective interventions, yet the topic is under researched in the Sudan.

The findings of our study show that the majority (69%) of respondents had fearful and painful expectations of their first sexual intercourse after hearing negative stories from pharaonically mutilated elders. Sometime after the first sexual experience, 77% of the respondents enjoyed sex as pleasurable. Nonetheless, a good number of the respondents continue to live with the trauma of the experience.

Although the majority (77%) of respondents reach orgasm, some 6% have never reached orgasm in their sexual life. Nineteen percent (19%) of the respondents who are pharaonically circumcised also seem to be deprived of the four phases of sexuality, experiencing frustrations and psychological disorders as a result.

The main recommendations include the enactment of laws prohibiting FGM/FC and penalizing circumcisers and those who contribute to the act. The inculcation of sex education in schools and other institutions curricula was also recommended. In-depth research on the investigated topic is highly recommended.

## INTRODUCTION

For simplification of typology and terminology different forms of Pharaonic and Clitoridectomic circumcision are practiced in Sudan (Abdel Magied, 1998). FGM/FC is the most serious traditional practice that adversely affects the health and lives of girls and women, particularly in the African Continent. Within this context it is logical to consider and deal with FGM/FC as a synonym of an endemic, epidemic and fatal disease specific to girls and women, whenever and wherever it is prevalent and/or practised (Abdel Magied, 1998).

Internationally the practice is recognized as violence against women and as a violation of children's and women's human rights.

FGM/FC leads to numerous hazardous health consequences, whether immediate or delayed. Their psychological and social impact is negative, and FGM/FC has proved fatal in many instances (Rushwan, 1983 and 1994, El Dareer, 1983, Shandal and AbulFutuh, 1967.).

The worldwide prevalence of FGM/FC, with particular emphasis on the African continent, has been reviewed by Rahman and Tubia (2000). In Sudan, the World Fertility Survey (1979) recorded



an overall prevalence of 89%, and the Sudan Demographic and Health Survey (SDHS) for 1989-1990 recorded 89.2%. The as yet unpublished 1999 report of the Safe Motherhood Survey has shown an urban prevalence of 93% and a rural one of 89%, with an overall prevalence of 90%. Moreover, the unpublished MICS (of 2000-2001) indicates an overall prevalence of 93% (Abdel Magied, 2001). These figures continue to grow in spite of the advocacy against FGM/FC that started with the individual efforts of a religious leader in the last quarter of the 17th Century (Dayf Allal, 1971).

Non-governmental organizations (NGOs) started agitating against FGM/FC in 1979 but culminated only in breaking the silence around an issue which is now no longer a taboo to address or campaign against in public (Abdel Magied 2001). Moreover, the widely spreading cosmetic practice of re-circumcision has not yet been addressed as a serious issue (Abdel Magied, et al, 2000). Furthermore, the most serious spread of all forms of FGM/FC into communities in which it is not part of their culture, has not yet been given due attention (Abdel Magied, 2001.)

Abdel Magied (2001) pointed out several research gaps that have to be bridged to provide suitable indicators for appropriate interventions. Accordingly, this investigation was carried out to provide background information on the psychosexual effects of FGM/FC on Sudanese women. The hypothesis assumed:

- ▶ a) Female genital mutilation has negative effects on the sexual satisfaction of Sudanese Women.
- ▶ b) FGM has negative effects on Sudanese women's sexuality and would thus affect their psychological state.

### METHODOLOGY

The target group of this investigation was 300 Sudanese women with sexual experience. The sample was randomly selected from the cities of Khartoum, Khartoum North, and Omdurman in Khartoum State. Through random selection, the

sample included respondents from higher institutions of education, social gatherings and different socio-economic residential areas. The state of circumcision of the respondents was classified according to Abdel Magied (1998). Secondary sources of data included books, journals and professional reports. Primary data were obtained from the respondents through a questionnaire and by person to person interviews. The data was analyzed manually and by using the computer package for social sciences, SPSS. Then the findings are presented in tables of percentages (see Appendix).

### DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

The overwhelming majority (92%) of the respondents were within the age of sexual activity, and 90% of them were of reasonably high educational level by present Sudanese standards and considering women's educational status within the society.

The overwhelming majority (69%) of the respondents had fearful and painful expectations for the first sexual intercourse. Most of those (58%) were pharaonically circumcised, 8% had a clitoridectomy and only 2% were uncircumcised (table 3). Such negative expectations for the first sexual intercourse might have arisen as a result of negative psychological preparation through stories of a painful first sexual experience told by elderly relations or friends who suffered from being pharaonically circumcised. However, the 20% of the respondents (table 3) who thought of the first sexual intercourse as pleasurable might have been highly educated and amongst the few who have been exposed to sex education.

Nevertheless, sometime after the first sexual intercourse the great majority (85%) of the respondents felt differently, while 15% did not. Of the respondents who changed, 77% enjoyed sex as pleasurable in spite of the fact that 64% of them were pharaonically circumcised (table 5). Nevertheless 9% of them retained the psychological trauma of fear and pain irrespective of their state of



circumcision (table 5). It should be borne in mind that if the first sexual experience was painful or not enjoyable it would probably leave a negative psychological impact and hence would negatively affect a woman's feelings and emotions toward her male spouse.

In the majority (62%) of instances, initiation of the sexual act was by the male spouse, while in 38% of the cases initiation is by both spouses (table 6). In the latter case, the contribution of the female spouse is indirect. This is because sexuality in Sudanese culture is still considered as a male domain, irrespective of the level of education of the female spouse.

Sexual intercourse is initiated in 50% of the cases by hugging and kissing. In 33% of the cases, the sexual act could be initiated by touch. Thus sexual intimacy is invariably started by the male spouse, according to Sudanese culture (table 7). This denies Sudanese women's sexual rights: it restrains their freedom to enjoy natural and instinctive sexual behaviour which is a legitimate right for both sexes.

Irrespective of the state of circumcision (table 8) the majority (32% and 51%) of the respondents either always or usually reached their orgasm. Of the 14% who rarely reach their orgasm, 13% are pharaonically circumcised. Moreover, 6% of the respondents who are pharaonically circumcised never reached their orgasm (table 8). Hence, at least 19% of the respondents who are pharaonically circumcised seem to be deprived of the four phases of sexuality (excitement, plateau, orgasm and resolution). Accordingly, they become frustrated; a situation that would definitely create a negative psychological impact on respondents. Even respondents with a clitoridectomy might experience deprivation of one or more of the natural phases of sexuality which could also lead to the frustration of the female spouse. We concluded that:

- ▶ 1. Irrespective of the state of circumcision, the expectations of the majority of the respondents for the first sexual intercourse were fearful and painful.
- ▶ 2. The negative psychological state of fear and pain results from brainwashing by

elderly pharaonically circumcised relatives or colleagues.

- ▶ 3. Irrespective of the state of circumcision, the majority of women come to regard intercourse as pleasurable, though a good percentage never overcome the trauma of it being fearful and painful.
- ▶ 4. Culturally sex seems to be invariably initiated by the male spouse, a situation that deprives women of equal sexual rights.
- ▶ 5. At least 19% of pharaonically circumcised women are deprived of the four phases of sexuality and thus become frustrated.
- ▶ 6. Any form of FGM deprives women of one or more of the four phases of sexuality and leads to frustration.
- ▶ 7. In-depth research is needed on the psychosexual effects of Female Genital Mutilation on Sudanese women, as is further elaboration of the problems faced by these women.

The following recommendations are proposed:

- ▶ 1. An understanding of the health hazards of FGM/FC should be incorporated in school curricula and be taught at all educational health institutions.
- ▶ 2. Sex education should be included in the curricula of schools and higher education institutes.
- ▶ 3. All health providers should take an oath not to practise FGM/FC.
- ▶ 4. The Sudanese Medical Council should suspend any health provider who practises any form of FGM/FC.
- ▶ 5. Circumcisers and all those who contribute to the practice should be penalized.
- ▶ 6. All forms of FGM should be legally stopped.



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## APPENDIX

**Table 1: The state of circumcision of the respondents by age group**

Age in Years	Uncircumcised		Clitoridectomy		Pharaonic		Total	
	No.	%	No.	%	No.	%	No.	%
Less than 20	Zero	Zero	1	1%	14	5%	15	6%
20-50	17	6%	34	11%	224	75%	275	92%
More than 50	Zero	Zero	Zero	Zero	10	2%	10	2%
<b>Total</b>	<b>17</b>	<b>6%</b>	<b>35</b>	<b>12%</b>	<b>248</b>	<b>82%</b>	<b>300</b>	<b>100%</b>

The overwhelming majority (92%) of the respondents were within the age of sexual activity (20-50 years). Of the 300 respondents, only 6% were uncircumcised.

**Table 2: The state of circumcision of the respondents by educational level**

Level of Education	Uncircumcised		Clitoridectomy		Pharaonic		Total	
	No.	%	No.	%	No.	%	No.	%
Illiterate - Elementary	Zero	Zero	2	1%	28	9%	30	10%
Intermediate - Secondary	3	1%	10	3%	125	42%	138	46%
University and above	14	5%	23	8%	95	31%	132	44%
<b>Total</b>	<b>17</b>	<b>6%</b>	<b>35</b>	<b>12%</b>	<b>248</b>	<b>82%</b>	<b>300</b>	<b>100%</b>

Most (44%) of the respondents were highly educated (University and above), while about the same number (46%) were reasonably highly educated by Sudanese standards.



**Table 3: The respondents' expectations for first sexual intercourse**

Expectations	Uncircumcised		Clitoridectomy		Pharaonic		Total	
	No.	%	No.	%	No.	%	No.	%
Fearful and painful	8	3%	24	8%	173	58%	205	69%
Pleasurable	7	2%	8	3%	44	15%	59	20%
All of the above	2	1%	1	Zero	11	4%	14	4%
Indifferent	Zero	Zero	2	1%	20	7%	22	7%
<b>Total</b>	<b>17</b>	<b>6%</b>	<b>35</b>	<b>12%</b>	<b>248</b>	<b>82%</b>	<b>300</b>	<b>100%</b>

The expectations of the great majority (69%) of the respondents for the first sexual intercourse was that it would be fearful and painful. 20% thought it would be pleasurable, 4% had mixed expectations and 7% were indifferent.

**Table 4: Changes in the respondents' feelings some time after the first sexual encounter**

Changed feelings	Uncircumcised		Clitoridectomy		Pharaonic		Total	
	No.	%	No.	%	No.	%	No.	%
Yes	13	5%	30	10%	210	70%	253	85%
No	4	1%	5	2%	38	12%	47	15%
<b>Total</b>	<b>17</b>	<b>6%</b>	<b>35</b>	<b>12%</b>	<b>248</b>	<b>82%</b>	<b>300</b>	<b>100%</b>

The majority (85%) of the respondents felt different after the first sexual intercourse, while 15% experienced no change.

**Table 5: Changes in respondents' feelings some time after the first sexual intercourse**

	Uncircumcised		Clitoridectomy		Pharaonic		Total	
	No.	%	No.	%	No.	%	No.	%
Change to Fearful and painful	2	1%	2	1%	18	7%	22	9%
Pleasurable	11	4%	23	9%	162	64%	196	77%
All of the above	-	-	2	1%	10	4%	12	5%
Indifferent	-	-	3	1%	20	8%	23	9%
<b>Total</b>	<b>13</b>	<b>4%</b>	<b>30</b>	<b>11%</b>	<b>210</b>	<b>83%</b>	<b>300</b>	<b>100%</b>

Sometime after the first sexual experience, 77% thought of sex as pleasurable, while 9% still had fearful and painful feelings.



**Table 6: Initiation of sexual intercourse**

Initiator	Uncircumcised		Clitoridectomy		Pharaonic		Total	
	No.	%	No.	%	No.	%	No.	%
Female spouse	Zero	Zero	Zero	Zero	1	Zero	1	Zero
Male spouse	8	3%	20	7%	157	52%	185	62%
Both spouses	9	3%	15	5%	90	30%	114	38%
Total	17	6%	35	12%	248	82%	300	100%

In the majority (62%) of cases initiation of the sexual act is by the male spouse, while in 38% of the cases both spouses share the initiative.

**Table 7: Types of approach for initiating sexual intercourse**

Ways	Uncircumcised		Clitoridectomy		Pharaonic		Total	
	No.	%	No.	%	No.	%	No.	%
Kissing and touching	9	3%	25	8%	116	39%	150	50%
Physical touch	3	1%	9	3%	87	29%	99	33%
Some of or all of the above	5	2%	1	1%	27	9%	33	11%
Direct sexual intercourse	Zero	Zero	Zero	Zero	18	6%	18	6%
Total	17	6%	35	12%	248	82%	300	100%

In 50% of the cases the sexual act is initiated by hugging and kissing, while in 38% it is initiated by touch.

**Table 8: Frequency of orgasm**

Frequency of orgasm	Uncircumcised		Clitoridectomy		Pharaonic		Total	
	No.	%	No.	%	No.	%	No.	%
Always	9	3%	16	5%	72	24%	97	32%
Usually	6	2%	19	7%	125	42%	150	51%
Rarely	2	1%	Zero	Zero	41	13%	43	14%
Never	Zero	Zero	Zero	Zero	10	3%	10	3%
Total	17	6%	35	12%	248	82%	300	100%

Of the respondents, 32% always reach their orgasm, 51% usually do, 14% rarely do and 3% never do.