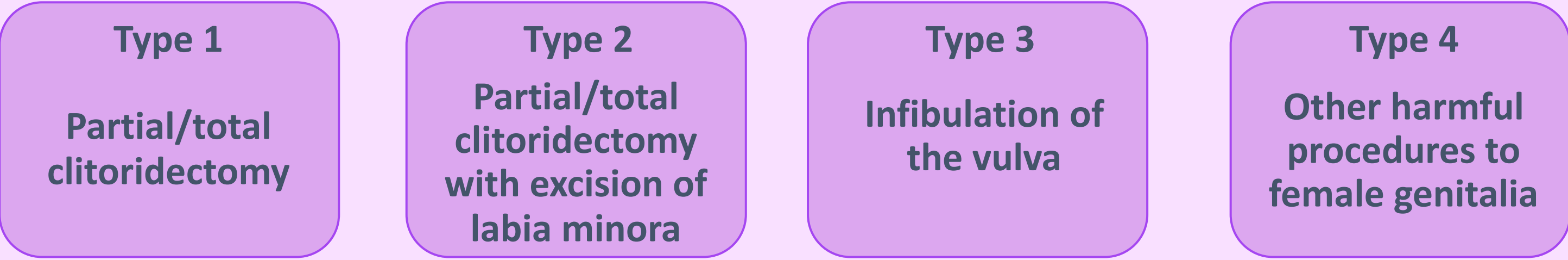


SEXUAL DYSFUNCTION AMONG WOMEN ATTENDING FEMALE GENITAL MUTILATION CLINIC IN LONDON

Adam Koczosi¹, Trisha Valencia¹, Safiya Mohamud², Dr. Reeba Oliver²
Imperial College School of Medicine¹, Barts Health NHS Trust²

INTRODUCTION

The world health organisation defines female genital mutilation (FGM) as all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (1). This can be further categorised into four different types, each altering normal vulval anatomy in a different way.



In 2011, there were an **estimated 178,781 women and girls** aged above 10 years with FGM who were resident in the UK (2,3). Although specialist FGM services are present in the country, a recent study has found that general UK care provision is reportedly suboptimal with one of the biggest shortcomings being the lack of knowledge around the topic, particularly with sexual dysfunction (2).

In the UK, only qualitative studies have been done to characterise the sexual dysfunction in FGM patients (2,4). Pain and discomfort are most reported, with a few reporting sexual intercourse as traumatic (2,4). This has led to breakdown of relationships, domestic abuse, and increased demand for accessing mental health services, with **1 in 10 women with FGM needing psychological therapy, psychosexual counselling, and/or needing psychiatric medications** (2,4). Although one study showed that a younger age of arrival in the UK correlated with less favourable views on FGM and changing underlying beliefs in sexuality, no study has explored how age of FGM can possibly correlate with sexual dysfunction (4).

METHODS

This study included a sample of women attending the FGM clinic at a London teaching hospital between September 2022 and December 2022. Patients were randomly selected from a sample of women attending **FGM clinic**. The main outcome assessed was sexual function, which was assessed by delivering a validated questionnaire by a healthcare professional. The questionnaire used in this study was **Female Sexual Function Index (FSFI)**, which is a 19-item questionnaire that measures female sexual function across 5 categories: Desire, Arousal, Lubrication, Orgasm, Satisfaction and Pain. Collected data was anonymized and analyzed using Microsoft Excel.

The main aim of this study is to assess the prevalence of sexual dysfunction among women with FGM attending London FGM Clinic using a validated questionnaire. Secondary aims of this study included investigating the relationship of the type of FGM, age at which FGM was done, and sexual function determined by the questionnaire.

This is a **pilot observational study** that is aiming to determine **the need for sexual dysfunction counselling** and treatment for women affected by FGM. Due to the small-scale of this project, only tables and simple descriptive statistics are used for analysis. This preliminary work will be used to guide further research and **inform future service planning** at FGM support clinics.

RESULTS

Sexual dysfunction* among women with FGM

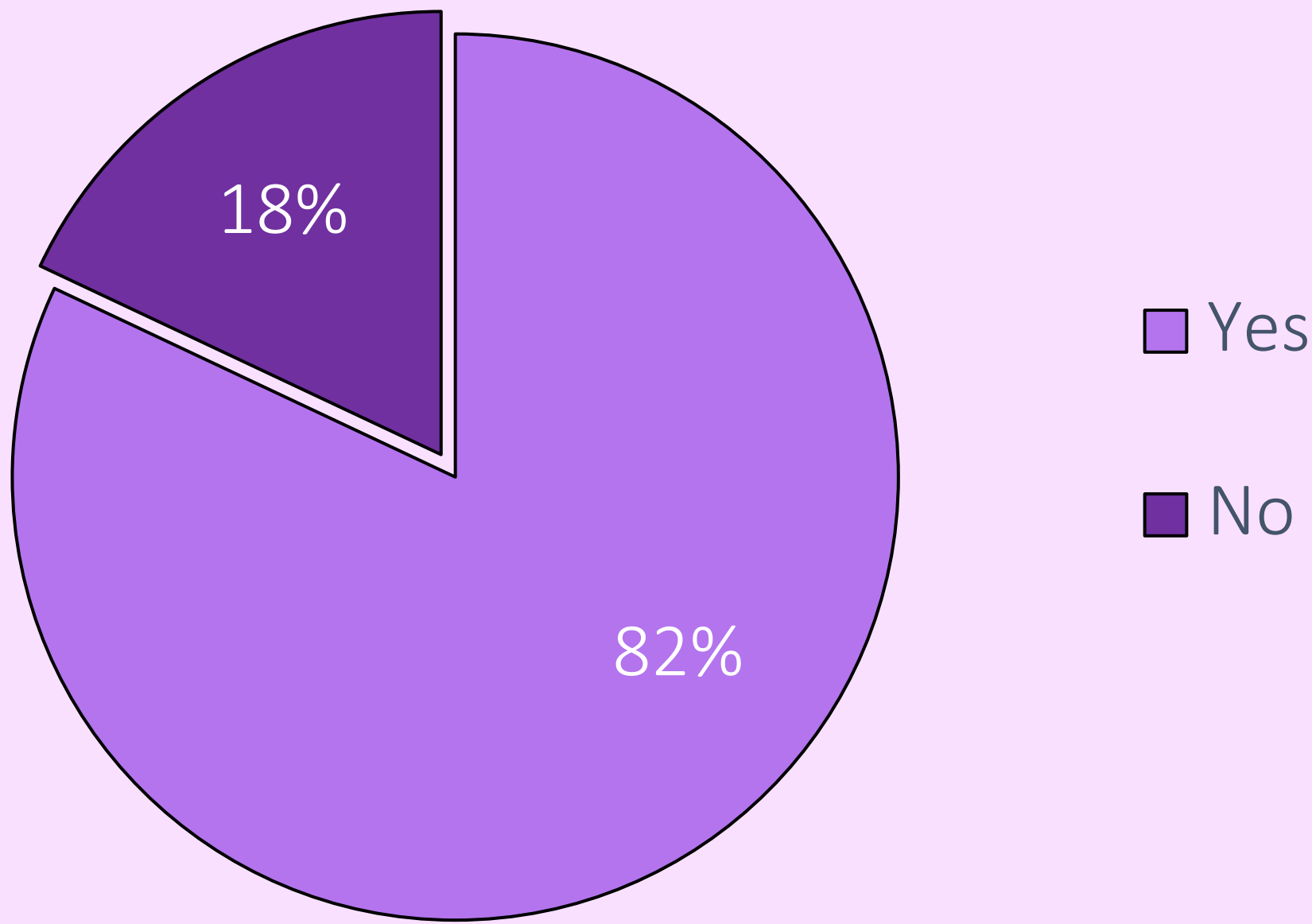


Figure 1. Sexual dysfunction among women with FGM. *Sexual dysfunction was determined as FSFI score equal or below 26.55.

FSFI domain	Mean score	SD	Score range
Desire	2.84	1.01	0 - 6
Arousal	2.92	1.24	0 - 6
Lubrication	4.15	1.20	0 - 6
Orgasm	3.60	0.93	0 - 6
Satsifaction	3.89	1.58	0 - 6
Pain	4.91	1.23	0 - 6

Table 1. Mean score for particular domains of FSFI. Data from n= 11 participants.

FGM type	N (%)	Mean FSFI
1	4 (36)	25.5
2	3 (27)	18.6
3	4 (36)	22.0

Table 2. Mean FSFI stratified by FGM type.

Age at FGM (years)	N (%)	Mean FSFI
0 to 1	5 (45)	22.1
1 to 5	1 (9)	28.5*
5 to 10	5 (45)	21.2

Table 3. Mean FSFI stratified by age at which FGM was done. *Not an average.

CONCLUSIONS

There is a **high rate of sexual dysfunction** among a small (n=11) sample of sexually active women attending London FGM Clinic. These results are consistent with the current body of knowledge on sexual function in FGM survivors as significant prevalence of sexual dysfunction in this population has been reported from several parts of the world (5,6). In our study, on average, lack of sexual desire and arousal contributed more to sexual dysfunction than physical measures of sexual function such as pain and lubrication during sex.

FUTURE DIRECTIONS

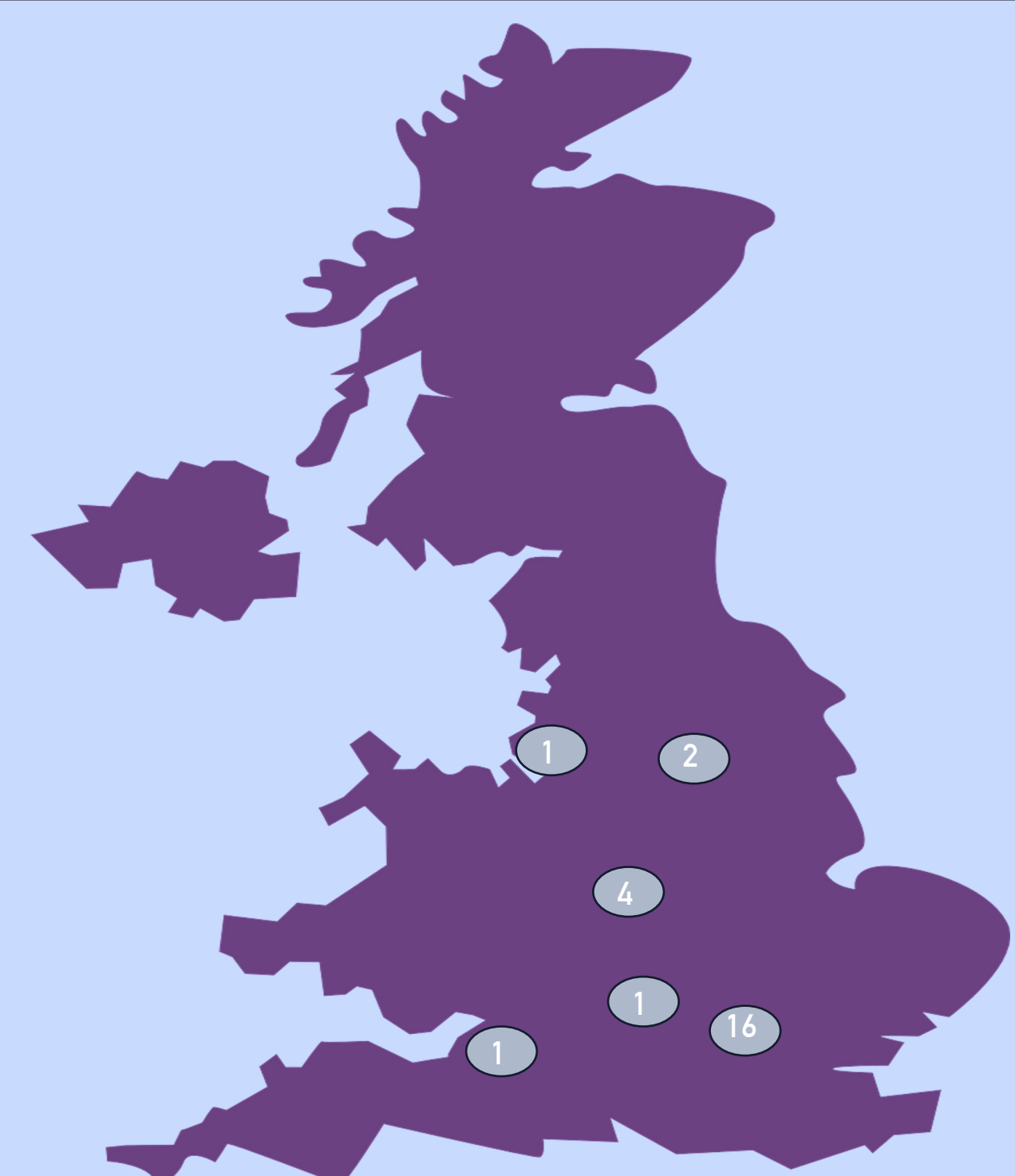


Figure 2. Map of the UK with numbers indicating relative geographical location and number of National FGM support clinics present there. (based on information from <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/>)

REFERENCES

- Female genital mutilation. WHO [<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>].
- Jones L, Danks E, Costello B, Jolly K, Cross-Sudworth F, Latthe P, et al. Views of female genital mutilation survivors, men and health-care professionals on timing of deinfibulation surgery and NHS service provision: qualitative FGM Sister Study. Health Technol Assess. 2023;27(3):V–103.
- Estimates of first-generation women and girls with female genital mutilation in the European Union, Norway and Switzerland: The European Journal of Contraception & Reproductive Health Care: Vol 21, No 6 [Internet].
- Morison LA, Dirir A, Elmi S, Warsame J, Dirir S. How Experiences and Attitudes Relating to Female Circumcision Vary According to Age on Arrival in Britain: A Study among Young Somalis in London. Ethn Health. 2004;9(1):75–100.
- Nzinga AM, De Andrade Castanheira S, Hermann J, Feipel V, Kipula AJ, Bertuit J. Consequences of Female Genital Mutilation on Women’s Sexual Health – Systematic Review and Meta-Analysis. J Sex Med. 2021 Apr 1;18(4):750–60.
- Pérez-López FR, Ornat L, López-Baena MT, Pérez-Roncero GR, Tajada-Duaso MC, Chedrau P. Association of female genital mutilation and female sexual dysfunction: A systematic review and meta-analysis. Eur J Obstet Gynecol Reprod Biol. 2020 Nov;254:236–44.