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ORIGINAL ARTICLE

Sexological care of circumcised women: Experience in Nantes, France. Preliminary study[☆]



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Multidimensional evaluation;
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Summary The consequences of female genital mutilation on women's health are diverse and influence their sexuality in all its aspects. The surgical repair of female genital mutilation could potentially improve the quality of their sexual life, especially functionally, and may reduce pain, but there are only a few reports of this and surgery is not systematically recommended. This preliminary study describes sexological support for women who have suffered sexual mutilation, with multidisciplinary care as practiced in Nantes hospital. We also investigated whether there was any specific feature to the sexological contribution via multidisciplinary care of female genital mutilation. This evaluation was carried out among 27 women who had received surgical and/or sexological care following sexual mutilation between 2011 and 2015 at Nantes teaching hospital. The results obtained, using a multidimensional assessment of their sexuality, demonstrated a potential role for surgery on sexual functionality, aesthetics and the symbolism of reparation. Sexological care may contribute more specifically to the verbalization around the experience and the consequences of circumcision, to the development of the surgical plan, to the knowledge and education on sexuality in order to allow for the restoration of the sensual and sexual functions along with self-esteem.

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Introduction

Female genital mutilation (FGM) affects 200 million women and girls worldwide (UNICEF) and has

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disastrous consequences over the short, medium and long term on their physical, social and psychosexual health. Apart from the urogenital (Henrion, 2003) (Philippe, 2010) (Reisel and Creighton, 2015), psychological (Philippe, 2010) and social (Van Rossem and Gage, 2009) complications, 70% of circumcised women report problems with their sexuality, such problems representing the most frequent complication of FGM (Andro et al., 2009a,b). The problems may exist at all levels of the female sexual response (Foldes and Louis-Sylvestre, 2006; Basson, 2001; Merckelbagh et al., 2015; Foldes and Buisson, 2007; Berg and Denison, 2011;

Experience in Nantes, France

- Multidisciplinary care provided within a gynaecological and medico-psychosocial obstetrical care unit

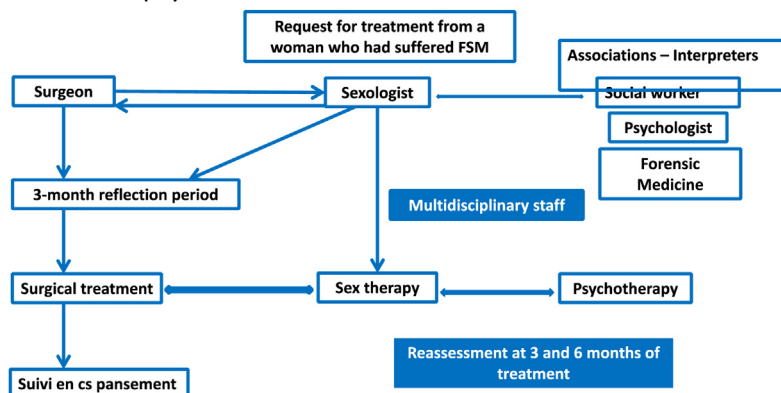


Figure 1 Process of multidisciplinary care provided to a woman suffering from FSM at the Nantes teaching hospital.

Andro et al., 2009a,b; Ouédraogo et al., 2013; Andro et al., 2014; Vital et al., 2016).

Examining this from a multidisciplinary clinical standpoint highlights the importance of the psycho-traumatic dimension of FGM on the sexuality of these women (Van Rossem and Gage, 2009; Foldes et al., 2012; Merckelbagh et al., 2015; Antonetti Ndiaye et al., 2015) and the genesis of these sexual dysfunctions (Beltran et al., 2015; Catania et al., 2007; Bancroft, 2009; Paterson et al., 2012).

Since the start of the 1990s, a surgical “repair” technique (Thabet and Thabet, 2003; Foldes and Louis-Sylvestre, 2006; Foldes et al., 2012; Ouédraogo et al., 2013) has allowed the anatomical restoration of the clitoris, which seems to be satisfactory at an aesthetic and functional level, notably leading to an improvement in clitoral sensations, the achievement of orgasm and a reduction in pain during intercourse (Foldes et al., 2012; Thabet and Thabet, 2003; Vital et al., 2016). Apart from the somatic improvement, this surgical repair also assumes symbolic significance both in terms of the recognition of the woman as a victim and in terms of the repair of the circumcision (Berg and Denison, 2011).

Nowadays, some of the teams performing reconstructive surgery no longer consider this to be the only way in which to respond to a request for reconstruction, or the last word on a problem which must be viewed in its entirety (Antonetti Ndiaye et al., 2015; Abdulcadir et al., 2017; Merckelbagh et al., 2015). Ever since 2013, a multidisciplinary “tailored” care pathway for FGM has been offered at the Nantes University Teaching Hospital (CHU), in the Medico-Psycho-Social Obstetrics Gynaecology Unit (UGOMPS) and the Gynaecology Department, bringing together notably the disciplines of surgical repair and sexological after-care (Fig. 1).

We wished, with the aid of a preliminary study, to make an inventory of this after-care, that is to say, to look at how it is organised, who it is aimed at and whether there was anything specific to be noted about the degree to which the sexological after-care contributed to the quality of the sex life of such women.

Methodology of the study

We performed a cross-sectional descriptive study on a female population who had undergone FGM and had started a process in which they received surgical and/or sexological after-care for this between February 2011 and July 2015 at the Nantes CHU (Fig. 1).

A questionnaire, prepared for this study based on a multi-dimensional approach to sexuality, was handed out to them from January to April 2016. In order to evaluate the quality of the patients’ sex life before and after their after-care, we put a series of questions to them consisting of 19 items to be scored on a scale of satisfaction ranging from 0 to 10, proposing a reading of sexuality and its dysfunctions based on the different components of the female sexual cycle (Basson, 2001). We also evaluated the contribution of sexology consultations as assessed by women who had benefited from at least one consultation, with the aid of a questionnaire consisting of 16 items and on a Likert scale.

Concerning the care process offered at the Nantes CHU, whenever a woman verbally expresses a desire for surgical after-care, the surgeon, the sexologist and the medico-psycho-social team propose after-care tailored to each woman, working in cooperation with one another at the pre and postoperative stages. Whenever a woman verbally expresses a desire for information on FGM, wishes to find a professional offering counselling or would like to improve her sexuality without necessarily resorting to surgery, tailored sexological after-care is then initiated (Fig. 1).

Findings

Between February 2011 and July 2015, 82 women consulted the Nantes CHU seeking surgical and/or sexological after-care for FGM. Twenty-seven women, divided into three groups depending on their type of after-care, were included in the study (Fig. 2). All the women were natives of Africa and the majority came from Guinea. They had an average

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