Feb 2017, Volume 3, Issue 1

	Refupse of enconsummated marriage
	Reza Bidaki ^{1, 2} , Bonnie Bozorg ³ , Mahdieh Mojibian ⁴ , Atena Fallah ^{1,*}
	 ¹ Research Center of Addiction and Behavioral Sciences, Shahid Sadoughi University of Medical Science, Yazd, Iran ² Yazd Diabetes Research Center, Shahid Sadoughi University of Medical Science, Yazd, Iran ³ Master of Clinical Psychology, Tehran university of Medical Science, Tehran, Iran ⁴ Department of Obstetrics and Gynecology, Shahid Sadoughi University of Medical Sciences, Yazd, Iran
DOI: 10.21859/focsci-030160	* Corresponding author: Atena Fallah, Research Center of Addiction and Behavior Sciences, Shahid Sadoughi University of Medical Sciences, Yazd, Iran. Tel: +98- 3532632006, E-mail: Fallah.md@yahoo.com
Submitted: 22.10.2016	
Accepted: 30.11.2016	
Keywords: Relapse Unconsummated Marriage Sexual Function	

Relapse of Unconsummated Marriage

© 2017. Focus on Sciences

Unconsummated marriage (UCM) means a situation where newly married couples cannot achieve penile-vaginal intercourse for variable times, although desire and several attempts to do so and its exact causes are unknown [1]. It shows 17% of visits in sexual health clinics are because of this disability [2]. Major psychiatric disorders for instance depression, obsessive compulsive disorder and mental sub-normality were diagnosed in a minority of the patients [1]. It have been shown most important mental factors in women are fear of sexual relationship, unhappy or undesired view to their husband and anxiety in sexual function and premature ejaculation in men [3].

Vaginismus has been reported as an important cause for unconsummated marriage [4]. Vaginismus may increase the length of unconsummated marriage up to 22 years [5]. Pre-vaginal muscles prevent penile to enter in vaginismus disorder. In other words it makes intercourse uncomfortable [4]. Although the sexual ability of male partner may remain intact, he develops impotence [6]. Women with vaginismus in comparison with the healthy women obtain a significantly higher sexual distress score, defecation or urination problems, general anxiety, higher education levels and lower self-esteem. There is a strong correlation between vaginismus, phobia and anxiety [7]. Another cause of unconsummated marriage is vaginal stenosis. Vaginal stenosis is a common problem in women who have the experience of pelvic radiotherapy and surgeries for gynaecological cancer episiotomy. Not surprisingly, temporary dyspareunia is a common postnatal result [8]. 12.8% of women with chronic pain after delivery with episiotomy indicate a health problem [8]. In conclusion, after surgery, ladies may find conditions such as vaginal narrowing and surgery scar that prevent their ability of sexual performance. Although, we didn't find statement "secondary" or relapse of UCM but theoretically and clinically it suggest that follow some surgery in genital area, it may happen a situation similar UCM.

ACKNOWLEDGMENTS

The authors thanks of the staff of psychiatry center of Taft.

CONFLICTS OF INTEREST

There is no conflicts of interest.

FUNDING

This study has no support.

AUTHORS' CONTRIBUTIONS

Atena Fallah and Reza Bidaki designed the study, Mahdieh Mojibian and Bonnie Bozorg edited it and Bonnie Bozorg and Reza Bidaki submitted and revised it.

REFERENCES

- Lema VM. Unconsummated marriage in sub-Saharan Africa: case reports. Afr J Reprod Health. 2014;18(3):159-65. <u>PMID: 25508052</u>
- El-Meliegy A. A retrospective study of 418 patients with honeymoon impotence in an andrology clinic in Jeddah, Saudi Arabia. Eur J Sexol. 2004;13:1-4.
- 3. Barati A, Mehrabi F, editors. Inspection Reasons Unconsummated Marriage in Iran. Notebook Article Conference All over Medical The-

Bidaki. et al

sis; 1999.

- Kaplan H. The New Sex Therapy New York: Brunner/Mazel; 1974. Chakrabarti N, Sinha VK. Marriage consummated after 22 years: a 4.
- 5. case report. J Sex Marital Ther. 2002;28(4):301-4. PMID: 12082668
- Farnam F, Janghorbani M, Merghati-Khoei E, Raisi F. Vaginismus and its correlates in an Iranian clinical sample. Int J Impot Res. 6.

2014;26(6):230-4. DOI: 10.1038/ijir.2014.16 PMID: 24830673 Amias AG. Sexual life after gynaecological operations--II. Br Med J. 1975;2(5972):680-1. <u>PMID: 1139177</u>

7.

Turmo M, Echevarria M, Rubio P, Almeida C. Development of chron-8. ic pain after episiotomy. Rev Esp Anestesiol Reanim. 2015;62(8):436-42. DOI: 10.1016/j.redar.2014.10.008 PMID: 25555717