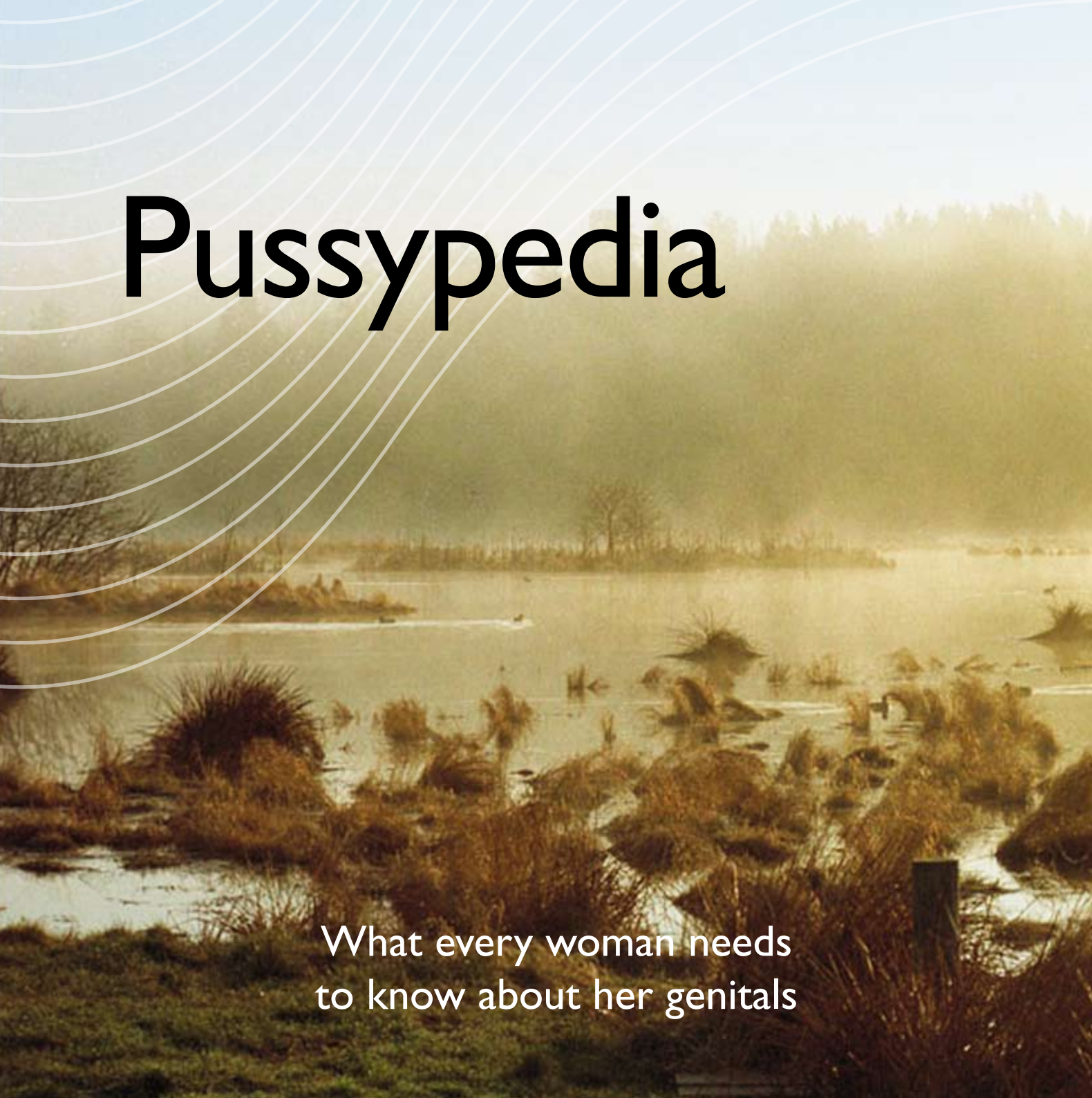
Pussypedia



What every woman needs
to know about her genitals

RFSU, the Swedish Association for Sexuality Education, is a politically and religiously independent organization dedicated to promoting an unprejudiced and open-minded attitude to sex and relationship issues. RFSU is founded on a firm belief that relationships and sex are central to the individual and to society. RFSU's activities are designed to inform, educate and shape opinion in Sweden and abroad. RFSU owns a company that sells condoms, the profits of which go towards our information activities.

Pussypedia

Why *Pussypedia*? Since not every woman uses the word pussy to refer to her genitals, some people might think I have chosen this title to be provocative. Which is partly true. Not all women call their genitals pussy, and many have no particular name for them in a sexual context. And that is the problem: There is a lack of strong, positive words for the female genitalia, and those that do exist are often used as terms of abuse. This was my reasoning in using the title *Pussypedia*. I believe that women need a sexual name for their genitals, and that it is up to women to lay claim to the word pussy, or the name used in any language with the same sexual value, and free it from the more offensive sense in which it refers to a woman as a sex object. I also think it is necessary for little girls to have an official name for their genitals. In Sweden, RFSU uses the name *snippa*.

Anatomical terms such as vulva and vagina either describe specific areas or feel too clinical. Genitals or pubic region are terms used by doctors and midwives, which serve a purpose in the context of a medical examination but are somewhat devoid of sexuality. One of the names for female genitalia that I have come across, pussy, is the one that stands out as having both anatomical and sexual connotations.

The female genitals, the pussy, are largely invisible in historical, sexual and medical contexts. For a long time the sexual urge was believed to exist purely to ensure human reproduction, and women were generally considered incapable of feeling sexual desire on their own. Rather, it was the man's job to arouse the woman's desire. This evidently

still applies to some extent today, since men are still brought up to play the active role and women the passive one. What we have learned about female sex largely relates to reproductive functions: menstruation, fertility and childbearing.

This booklet is intended to provide knowledge about the female body, focusing on the pussy and its sexual functions. The text discusses anatomy, gynecology and, last but not least, sexual desire. The pussy contains a wealth of sensitive spots, nooks and crannies, and areas that offer unimagined possibilities for women to enjoy their sexuality. I hope this booklet will encourage women to explore their body and its unique sexual capabilities for their own pleasure.

The descriptions of the pussy are necessarily generalized and therefore omit to mention much of the enormous variation that is found from one woman to the next. The focus is on adult women, but I hope the content will provide inspiration to younger readers as well.

You will find a glossary of terms and a list of further reading and useful websites at the back of the booklet.

Tina Nevin, Vaxholm 2008

Female External Genitalia

One way to find out what your external genitalia look like is to examine yourself with a mirror under good lighting. Every woman looks different, and rarely do we resemble the anatomical illustrations in a textbook or the female bodies seen in pornography. By exploring with our eyes and fingers, we can get to know our body and gain a better understanding of its responses. Some areas are more sensitive to touch than others, and different kinds of touch can produce different responses. The scent and taste may seem different on different occasions.

The external genitalia of a woman are known to medical professionals as the vulva, a Latin word meaning envelope or wrapper. Commonly referred to as a woman's private parts, the vulva consists of:

- the mons veneris
- the inner and outer labia
- the clitoris
- the perineum

MONS VENERIS

Mons veneris is a Latin name meaning "mound of Venus". An alternative term is mons pubis ("pubic mound").

The mons veneris, the protruding soft area above the pubic bone, consists largely of fatty tissue. It also contains many nerve endings, which react to pressure and touch. During puberty hair starts to grow here, varying in colour and density from woman to woman. Hair is seldom confined to the mons veneris and may also grow up towards the stomach, back towards the anus, between the buttocks, down the tops of the thighs and on the outer labia. This hair usually becomes thinner after the menopause.

1. Mons veneris
2. Clitoral hood
3. Clitoral glans
4. Labia majora
5. Labia minora
6. Urethra
7. Vaginal opening
8. Bartholin´s glands
9. Perineum
10. Anus

It is relatively common nowadays for women to shave for esthetic reasons. Many women also say they do so for sensual reasons, to heighten sensation when touched, and to feel they are taking care of their private parts. However, the function of the hair is to conduct heat away and to create a small air canal between the skin of the mons veneris and the thighs. It is not dangerous to shave, but make sure you use a new, sharp razor and keep the skin clean. If you experience any problems in that area, it might be a good idea to stop shaving, or at least to find out if this is the cause of the problem.

OUTER LABIA (labia majora)

The outer labia begin at the pubic bone and enclose the inner labia on either side. Down towards the perineum, they come together to form a fold of skin with an edge, rather like the fold formed between your thumb and index finger when you spread your fingers. The labia consist mainly of fatty tissue to provide protection against chafing and impacts. They also contain a thin layer of smooth muscle and erectile tissue (bulbus vestibuli), along with many sweat glands, sebaceous glands and nerve endings. If you massage the labia or press them with your fingers, it feels pleasant and they may fill with blood, swell up and turn a darker colour. During puberty the outer labia become more heavily pigmented, taking on a darker colour than the rest of the body. They also become hairy – more so in some individuals than in others.

BARTHOLIN'S GLANDS

Bartholin's glands are two pea-sized glands that produce a transparent secretion with a moisturizing effect. They are sited towards the bottom of both outer labia, close to the perineum. Two small ducts from the glands terminate on either side of the vaginal opening, and during sexual stimulation a small amount of extra secretion usually appears.

FORDYCE GLANDS

Fordyce glands are located in the fold between the inner and outer labia. They produce sebum to keep the skin between the labia constantly lubricated, preventing the labia from sticking together or cracking. The sebum is whitish in colour and has a creamy consistency. It is exactly the same as the sebum produced beneath a man's foreskin, which is called smegma or "knob cheese". The volume of sebum produced usually peaks during puberty and then declines in adult women.

INNER LABIA (labia minora)

The inner labia enclose the vestibule, introitus vulva, the area lined with mucous membrane into which the vagina and urethra open. The inner labia are thin, hairless folds of mucous membrane containing many sensitive nerve endings, small blood vessels, erectile tissue, sebaceous glands, sweat glands and scent glands. They press together to protect

the urethral and vaginal openings and are constantly covered with a small amount of secretion to prevent chafing. When a woman is sexually aroused, the blood flow to the inner labia increases, they darken and swell, they may more than double in size, and they part. During puberty the labia grow larger and darker in colour, varying from yellowish brown to purple or red.

The surface of the inner labia can be divided into two areas, and the dividing line is known as Hart's line. The skin on the two areas feels different. The area closest to the vagina is always moist and is more sensitive to touch, whereas the outer area feels drier and rougher. The inner labia meet at the top above the clitoris, forming the clitoral hood: a kind of foreskin protecting the clitoral glans. There are sebaceous glands here too. In young girls the clitoral hood and glans are joined, but as they grow older the connective tissue dissolves. Pulling the hood back and forth over the glans is one way of stimulating the clitoris.

Appearance and size vary from one woman to another. In different parts of the world, the appearance of the labia is perceived differently. In some places large, protruding labia are considered neater, while elsewhere other opinions prevail. In some cultures, women deliberately stretch and lengthen their labia in the name of beauty. Meanwhile, women in other cultures, where the opposite is considered attractive, may choose to undergo cosmetic surgery to reduce their labia.

CLITORIS

The clitoris is located in front below the mons veneris, where the inner labia meet to form the clitoral hood, just above the urethral opening. During puberty the clitoris grows and darkens in colour. The clitoris comprises a head, the clitoral glans, which can usually be seen below the clitoral hood. Beyond this point lies the corpus of clitoris, which divides into two legs (crura) resembling an upside-down V. If you run your fingers sideways from the clitoral glans, along the inner edge of the pubic bone, and press gently, you can feel the embedded crura. If you massage them, this may generate a pleasant sensation in the entire clitoris, although you may not feel it immediately.

The clitoris is made of erectile tissue (corpus cavernosum), which fills with blood (engorges), stiffens and enlarges when a woman is sexually aroused, forming an erection. Clitoris size can vary considerably between women and in itself is of no consequence to sensitivity and sexual responsiveness. The exterior of the glans contains more neuroreceptors than any other part of a woman's body, and the major – possibly the only – function of the clitoris is to receive sexual stimulation; in other words, to provide pleasure. The clitoris is so sensitive that it may be painful to touch it directly, which is why many women prefer to touch the glans and the corpus through the clitoral hood. The location of the clitoris makes it easily accessible to the fingers, and it is so sensitive that if you let one finger rest on it and press gently, you can feel the pulsations beneath your finger as the clitoris engorges.

The anatomical definition of the clitoris has been a topic of discussion in recent times. Some scientists are of the opinion that the erectile tissue in the labia and around the urethra and vagina (corpus spongiosum) should also be described as part of the clitoris, called the sponge or the bulbs of clitoris. There is more about erectile tissue in the section on the G-spot.

PERINEUM

The perineum is a hairless area between the anus and the spot where the outer labia meet. It contains a seam of skin, a remnant of our fetal development more visible in some people than in others, extending from the vagina to the anus. The perineum is often sensitive to touch, since the muscles beneath the skin are rich in both nerves and blood vessels. The perineum is capable of stretching when a woman gives birth, but it may be put under strain when the child's head emerges. In many countries doctors routinely make an incision in the perineum (a procedure known as an episiotomy) during childbirth in the belief that it relieves the vaginal muscles. Unfortunately this may complicate the mother's postnatal recovery. In sexual terms, the effect on the perineum may be a change in or loss of sensitivity. Routine episiotomies are unusual in Sweden, but in the event of complications, when the child needs to be delivered quickly, it is often necessary to cut the perineum.

If the perineum is subjected to stress, for instance by tight trousers, G-string underwear or pantiliners, it may suffer chafing or cracking. Chafing can also occur during sex if there is too much friction. Overzealous washing can likewise cause dryness and cracking. To avoid this, or to make existing cracks heal, you can apply baby oil or baby lotion to the area a couple of times a day. It is also a good idea to wear loose-fitting clothes and to air your private parts occasionally.

ANUS

Although the anus is not part of the female or male genitalia, for many people it is associated with sexual enjoyment. The anus consists of two sphincters (rings of muscle): an inner one that reacts to pressure and signals to you that you need to defecate, and an outer one that moves when you want it to so that you can control when you go to the bathroom. The entire area is sensitive to touch: for one thing, the skin is sensitive; for another, you feel sensations when the pelvic floor muscles stretch, especially when the sphincter opens.

Anal sex is the term for any kind of sexual stimulation in or around the anus. Penetrative anal sex may be performed using the fingers, a dildo or another object. Some women report that they experience pleasure from sexual stimulation in or around the anus; others describe discomfort or pain. As with any kind of sex, you should do what feels good and pleasurable, and refrain from doing anything you don't want or enjoy.

Female Internal Genitalia

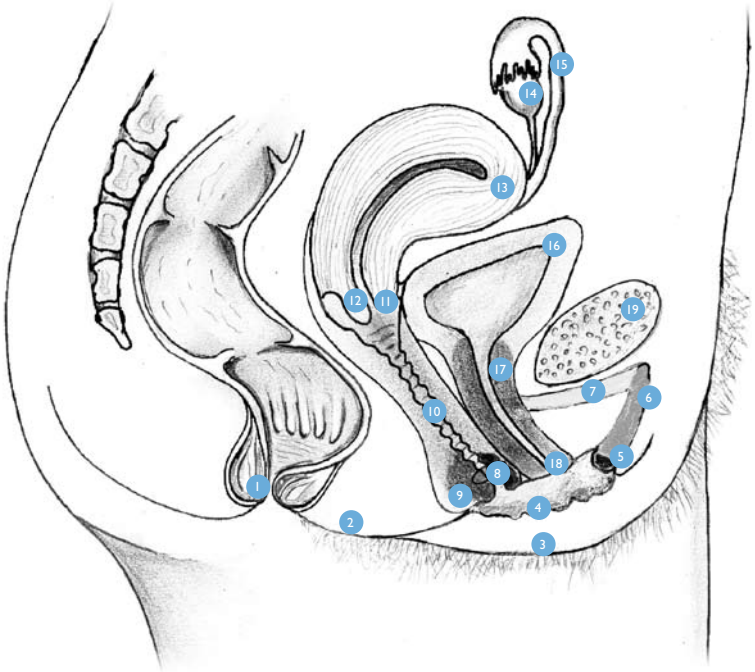
A woman's internal genitalia include the following, some of which are a continuation of the external genitalia:

- Vagina
- Pelvic floor muscles
- Uterus (womb) and fallopian tubes
- Two ovaries

With the aid of a mirror, a flashlight and your fingers, you can look inside your vaginal opening. Self-examination gives you a greater understanding of the internal parts of your pussy and how they behave. Using your fingers, you can learn to identify the interplay of various muscles around the vagina and discover new sensations. Some areas are more sensitive to touch than others, and different kinds of touch can produce different responses. You can order a gynecological examination kit online (see references).

VAGINA

The vagina is a tube-like canal extending inward and upward from the external vaginal opening. At its innermost point it forms a space (fornix) around the cervix, the neck of the womb, part of which (the ectocervix) protrudes for a centimetre or more into the vagina. The vagina is located between the bladder and the rectum. When a woman stands, her vagina points up towards the small of her back at an angle of 45 degrees from the floor. The vaginal walls consist of crosswise folds rather like an accordion. In an unaroused state, the walls lie collapsed against each other. When a woman becomes sexually aroused, the folds open out so that the vagina becomes longer and wider (dilated). Raised ridges are formed in both the front and the back wall, running lengthwise from the vaginal opening to the fornix. The vagina's internal surface consists of a mucous membrane, rather like the inside



1. Anus
2. Perineum
3. Labia majora
4. Labia minora
5. Clitoral glans
6. Corpus of clitoris
7. Crura of clitoris
8. Hymen
9. Vaginal rim
10. Vagina
11. Portio
12. Cervix
13. Uterus
14. Ovaries
15. Fallopian tube
16. Urinary bladder
17. Urethral sponge
18. Urethra
19. Pubic bone

of the mouth. The vaginal walls are enclosed by a layer of elastic tissue, which in turn is surrounded by muscles. Around the vaginal opening there is erectile tissue, known sometimes as the vaginal rim and sometimes as the urethral and perineal sponge. This erectile tissue continues upward around the wall of the vagina and the urethra.

The vagina can be divided into three zones, the outermost of which is called the vestibulum and lies between the vaginal opening and the hymen. This area feels rather like the inside of the mouth and contains many sensory nerves. Owing to its sensitivity, this is a pleasurable area for many women and the most enjoyable spot in the vagina for stimulation. However, it can also be a source of pain for those women suffering from vestibulitis (inflammation of the vestibulum), a topic to be covered below.

The next zone of the vagina lies approximately one centimetre in from the vaginal opening and comprises a ring of mucous membrane folds forming the hymen ("maidenhead"). There is a common misconception that the hymen is like a drumhead. In fact it is made up of flaps of mucous membrane starting at the back wall of the vagina and thinning towards the front wall. In a young girl these flaps are fused together, perhaps to protect the vagina. As she grows, so does the hymen, becoming more elastic. Hymens vary in thickness and elasticity. In purely anatomical terms, there is nothing to suggest that a woman has to bleed and feel pain the first time she has sex. Around half of all women experience no bleeding during first-time sexual intercourse. The folds of the hymen remain present throughout a woman's life, even after sex and childbirth. Hymens differ in appearance, and in some girls they may be so thick that inserting a tampon is too painful. There are also some girls who fail to discharge menstrual blood, which is usually discovered during puberty if the girl experiences period pain but no bleeding. It is essential to have an outlet for menstrual blood, and both of these very rare problems can be treated by doctors.

Ignorance regarding the hymen is a source of much concern when the concept of virginity is so closely associated with the hymen. Many girls live in fear of "losing their virginity" and bringing shame on their family as a result of gymnastics or sports. Since

the hymen is well protected, a centimetre or so inside the vagina, it cannot be damaged by gymnastics, sports or injury to the external genitals.

The third and innermost zone of the vagina contains fewer sensory nerves than the vestibulum. On the other hand, it borders the G-spot and can produce very pleasurable sensations when stimulated.

In an adult woman the average length of a relaxed vagina is 10 centimetres from the vaginal opening to the end point behind the ectocervix. The vagina increases in both length and width when a woman is sexually aroused. There are different descriptions of how the vagina responds to sexual arousal in terms of width. Either more than half of the inner part expands while the outer part contracts, or the outer part widens and the inner part becomes narrower, like a letter A.

The entire vagina has a unique ability to adapt: it can both close around a finger and release a child. Increased blood flow and hormonal influences help to make the entire pubic region sufficiently flexible to expand around the body of a child. However, there are also other factors affecting the vagina's ability to change shape. Sometimes a vagina can appear too narrow. This can be caused by lack of sexual arousal, worry, stress, performance anxiety, tense vaginal muscles or lack of estrogen, the female sex hormone. The vagina is not a passive tube to be penetrated by a penis, as often described, but an active part of the body with the ability to enclose and resist.

A vagina can also feel too wide and slack to enclose a penis or dildo. One reason may be that the surrounding muscles are out of condition and have slackened, perhaps following childbirth. The section on pelvic floor muscles will tell you how to tighten up your vagina through exercise.

The vagina needs to be moist at all times, just like the mouth. It contains a special environment of micro-organisms and moisture. The moisture on the vaginal walls is the result of serum from the blood vessels penetrating the walls in order to introduce a variety

of hormones, enzymes, antibodies, etc. Vaginal discharge, or leucorrhea, consists mainly of a secretion produced by special cells in the cervical canal, plus dead cells from the vaginal walls that are cleaned out through the discharge. With the aid of special lactic acid bacteria, the discharge and the moisture ensure that the vagina maintains an optimal environment with a pH of 4.5 or lower. This acidic environment prevents unwelcome bacteria and fungi from thriving in the vagina. If the pH value is disturbed by antibiotics, overzealous washing or high blood sugar levels, a fungal infection resulting from the vagina's reduced acidity can cause both itching and a burning pain in the pubic region. If you have a problem, a clinic can perform an examination to confirm the diagnosis and then prescribe an effective treatment that will bring rapid relief.

If you are suffering from vestibulitis, you may experience pain throughout the entire area inside the inner labia, even though the site of the inflammation is usually on the surface of the mucous glands towards the rear of the vaginal opening. There is no sure reason why some women are affected by this condition, known sometimes as "burning vulva". No virus, bacterium or physical defect has been definitively identified as the direct cause. However, excessive washing with strong soap, repeated fungal and bacterial infections, and overtreatment of these can be contributory causes. Likewise, repeated intercourse despite pain and dryness can result in inflammations that are hard to cure. The best thing to do is to leave the area alone as much as possible, air it, and apply unperfumed oil. You may wish to consult a gynecologist, and there are also special clinics where dermatologists and gynecologists work together to treat women with vestibulitis.

LUBRICATION

Lubrication is moisture produced through the vaginal walls by the female body when it is sexually stimulated. As a sexual response, lubrication and clitoral erection are the female equivalent of the male erection ("hard-on"). When a woman is sexually aroused, blood flow increases throughout the pelvic area and around the vagina. The vaginal walls respond in a way that resembles heavy perspiration, becoming wet. Lubrication can appear very quickly, within a few seconds. It may be triggered by different contexts on different occasions, for instance when a woman feels horny, when she is physically

stimulated, or during the dream phase of sleep. When blood flow increases, a woman may feel pulsing and a temperature increase in the pelvic region. The amount of moisture produced by the vaginal walls may vary.

Fear, anxiety and pain are some of the factors that may impede lubrication, although not necessarily. The vagina may be wet initially and quickly change to feel dry. Dehydration and a shortage of body fat may also, to some extent, reduce the vagina's ability to lubricate. Lubrication also relies on effective nerve channels between the spinal cord and the vaginal area.

Clinical studies have shown that women are able to influence how much they lubricate. In experiments, women were fitted with special moisture sensors in their vagina, and when they were made aware that lubrication had begun, the wetness intensified. It therefore appears that, by being aware of what is happening in their vagina, women can be aroused further by their own arousal and produce even more lubrication.

Lubrication does not have to be due to sexual arousal, but may be an automatic response to protect the vagina. This explains why some women who have been raped may have experienced lubrication during the assault. It is important to be aware that this has nothing to do with sexual arousal.

Lubrication and vaginal discharge are completely separate phenomena. Girls sometimes attend youth clinics and tell the midwife that they have started to experience excessive discharges and must have something wrong with them, even though they have never exposed themselves to any risk of infection. Asked whether there is anyone that "turns them on", they often reply that there is. If the midwife then talks about lubrication and explains what happens inside the vagina, the wetness that was previously seen as a sign of sickness is suddenly transformed into something positive. It is important to give lubrication the positive status that should be self-evident to every woman.

G-SPOT

The G-spot was described by Regnier de Graaf as long ago as 1672, and in 1950 Ernst Gräfenberg, a gynecologist, wrote an article on the role of the urethra in female orgasm.

Gräfenberg's findings were questioned, and his critics denied that such a spot existed, but more recent research has demonstrated the area's sensitivity. The name G-spot (G for Gräfenberg) was coined by Professor Beverly Whipple, who has continued the research.

The G-spot is not one specific spot consisting of special "G-spot tissue". Rather, it is an area in the front wall of the vagina, usually located between the inside of the pubic bone and the cervix, bordering the underside of the bladder and the urethra with its prostatic and surrounding erectile tissue (corpus spongiosum). There is also a complex network of blood vessels and nerve endings in this area. When the front vaginal wall is stimulated, it becomes engorged (filled with blood). The G-spot becomes harder and feels different from the surrounding tissue. This response can be felt more clearly if you press and massage fairly hard than if you gently caress the area, because the tissue consists of special receptors that respond specifically to pressure. The G-spot can be hard to identify when a woman is not sexually aroused, which may be one reason why it is not felt during routine gynecological examinations.

When the G-spot is stimulated, different women's responses are naturally individual and varied. Some women report no special sensation when they massage the front vaginal wall. Others report feeling that they need to urinate, even if they have just done so. If they continue to massage and press the G-spot, women may experience a transition to decidedly erotic sensations and intensified sexual pleasure, possibly resulting in both ejaculation and orgasm. Stimulation of the area also raises a woman's pain threshold, which may be a good thing during childbirth, for example, when the baby's head presses on the G-spot.

FEMALE URETHRAL EJACULATION

This phenomenon is sometimes called "fountain orgasm" or "squirt orgasm". The medical term is female urethral ejaculation.

The tissue of the urethra is sometimes referred to as the "female prostate" and contains several pairs of glands (glans parauretralis) that discharge into the urethra. When a

woman is sexually aroused, these glands may release their fluid either during or independently of orgasm. Small amounts of fluid may trickle out for the duration of the woman's arousal, or she may release a big squirt of fluid from the urethra. The ejaculated fluid resembles thin skimmed milk and tastes sweet. The volume produced varies from a few drops, barely noticeable, to approximately one teaspoonful. Women may achieve ejaculation through clitoral and/or vaginal stimulation, as well as through non-physical arousal such as fantasies.

Female urethral ejaculation has sometimes been called the "stream of pleasure" in scientific textbooks, and many people have mistakenly identified it as urine. However, the fluid leaves no stains on bed linen, and its chemical composition differs from that of urine. Some women have undergone surgery to eliminate what was thought to be a defect, while others may avoid reaching orgasm in order not to be a "bedwetter". Gynecological examination of women who ejaculate often shows stronger pelvic floor muscles than in those who do not ejaculate. In itself, this contradicts the theory that an ejaculating woman might be incontinent.

PELVIC FLOOR MUSCLES

In any description of a woman's physical sexual responses, it is important to emphasize the major role played by the pelvic floor muscles. The entire pelvic floor consists of multiple overlapping layers of muscle, rather like a number of hammocks suspended on different levels and in different directions. These muscles work together to keep everything in place, and the area is called the levator plate. There are figure-eight shaped muscles surrounding the anus, vagina and urethra, whose job is to open and close these orifices. Consequently there is constant tension in these muscles. The muscles contain many nerve endings and blood vessels, and are very sensitive to pressure. The pelvic floor muscles usually contract when a woman reaches orgasm.

By exercising the surrounding muscles, it is possible to improve the pliability, elasticity and sensitivity of the vagina. Many readers have probably heard people talk about the importance of pelvic floor exercises, or Kegel exercises, especially after childbirth. This

exercise method was introduced in the 1950s by the gynecologist Arnold Kegel to prevent urinary incontinence in women. Surgical intervention was common in those days, and Kegel was looking for an alternative. Variations on his exercise methods are still used today. One important muscle is the pubococcygeus, which we tense if we are trying to interrupt the flow while urinating. When exercising, you may also become aware of just how sensitive the muscles are, and how they can trigger sexual responses in the pelvic region. If you insert a finger into your vagina, you can try to stretch various parts of the vaginal walls, and so discover the ability of the muscles to both tense and relax. For many women this can be a valued part of their sexual enjoyment.

It is not only after childbirth that pelvic floor exercises are important; these exercises benefit women and men alike throughout their life. These are the muscles that contract during orgasm and that we tense and relax during masturbation. If you find it hard to retain urine and cannot be bothered or have problems remembering to do pelvic floor exercises, you can try the alternative of giving yourself frequent orgasms, at least once a day, which can have the same effect.

Tensing your pelvic floor muscles is not the only important exercise. As with other muscles in the body, relaxing them is equally important. Relaxation is necessary to allow blood through to oxygenate all the cells. Keeping your pelvic floor muscles under constant tension impairs blood flow, and hence oxygenation, which may result in reduced sensitivity to touch, back pain, or vaginal cramps (vaginismus). Vaginismus is a condition in which the muscles surrounding the vagina remain under varying degrees of tension, making it impossible to insert anything. The cramping may be so powerful that you cannot persuade yourself to relax, since the tension is beyond your control.

If you suffer from vaginal cramps, you need to find ways of accustoming your muscles to relaxing. Sometimes it is enough just to identify the muscles in order to actively relax them. You can try lying down by yourself and doing relaxation exercises throughout your body while keeping a hand on your private parts. By breathing slowly and registering the sensations in your pelvic floor, both with your hand and through your body,

you can make contact with your muscles. If you now tense your pelvic floor muscles as hard as you can, then release them, they can be accustomed to relaxing. Slowly apply massage oil to your private parts, all the time noting how it feels. When it feels good, try to insert a well-oiled finger slowly and gently into your vagina. By moving the finger slightly and then pausing, you can slowly accustom the muscle to being dilated. If the muscle starts to feel less tense, and provided you are not in pain, continue a little further in and then pause again. Sometimes it is a good idea to take a break from this exercise for a day or two; the important thing is to be patient and give yourself plenty of time. Since there are many causes of vaginismus, it is always best to consult a gynecologist first. The gynecologist may also refer you to a specially trained physiotherapist, who can design personalized exercises to help you overcome the problem of tense pelvic floor muscles.

UTERUS

At the head of the vagina is the cervix. The part of the cervix that protrudes into the vagina is called the ectocervix or portio vaginalis. If you insert a finger into your vagina, the ectocervix feels rather like the tip of a nose. In the centre of the ectocervix is a hollow, the external os, which is the opening of the cervical canal leading into the uterus. The cervical canal contains many mucous cells that produce the secretion known as leucorrhea. This discharge is usually whitish in colour but may also be yellowish or transparent and has a faintly acidic scent. It varies in volume and appearance depending on a woman's age and her stage in the menstrual cycle. The discharge itself can tell you a lot: for instance, that you are ovulating or about to menstruate. During ovulation the discharge resembles the white of an egg in that it is transparent, watery and elastic. When menstruation is imminent, the discharge is milkier, stickier, and smells different. Its appearance, scent and taste are affected by factors such as pregnancy, increases in hormone levels, sexual stimulation, diet, stress and medication. Menstrual blood also exits through the cervical canal.

The uterus, or womb, normally weighs around 60 grams and in shape resembles an upside-down, slightly flattened pear. It consists of three distinct layers of muscle, lined with a mucous membrane, the endometrium, which accumulates and is shed monthly through menstruation (periods) throughout a woman's fertile years. This is so that any

fertilized egg will find a new, fresh and nutritious lining in the womb. When a woman is sexually aroused, the uterus may rise inside the body, as if it too is experiencing an erection. On either side of the uterus are the fallopian tubes (tubae salpinx), which terminate in fringe-like funnels (fimbriae) close to each ovary.

OVARIES

A woman is born with two ovaries containing a total of around 400,000 oocytes (egg mother cells). From puberty through to menopause, the ovaries produce varying amounts of the female sex hormones, estrogen and progesterone, and one or more ova (egg cells) mature in the ovaries each month. Menstruation is calculated to occur 14 days after ovulation (release of the mature egg cells), so it is impossible to know in advance exactly when it will happen.

In order for the ovaries to produce sufficient quantities of estrogen for the menstrual cycle to work effectively, a certain amount of body fat is necessary. The extra weight that some girls gain during puberty therefore has a positive effect on hormone production, but the body fat required for this process is not necessarily visible. However, it is important to point out that slimming, eating disorders and excessive exercise can disturb ovarian production of estrogen, resulting in irregular or missed menstrual periods.

The menstrual cycle is controlled by the hypothalamus and the pituitary gland (hypophysis), the areas of the brain that govern hormone production in the ovaries. The entire process is managed through an ingenious "feedback system", in which the pituitary gland releases hormones that control production in the ovaries in various ways. In return, the pituitary gland receives "readings" of ovarian output, enabling it to ensure that hormone production is constantly maintained at the correct level for current circumstances.

Sexual appetite too can be affected by varying hormonal levels at different points in the menstrual cycle. Some women feel an increased libido at the time of ovulation, while others feel the exact opposite and have more appetite for sex during menstruation. Some women do not notice any difference, and the fluctuations in libido can also vary at different stages of a woman's life.

When a woman reaches menopause, her oocytes have reached the end of their natural life. Ovulation and menstruation cease, and hormone production in the ovaries diminishes. The menopause brings change for women on many levels. Some physical responses may be affected by the fact that the pituitary gland is no longer receiving feedback on ovarian hormonal output, and so the pituitary gland increases its own output in an attempt to "restart" the ovaries. The increase in hormone production by the pituitary gland coupled with reduced ovarian output produces a variety of responses. Some women find that their periods cease abruptly and can feel a change in their vagina, where the mucous membrane gradually becomes drier and more brittle. Heavier and longer periods, sweating and hot flushes may also be symptoms of menopause and can occur without warning. A woman's emotional life and sexuality may enter a new phase that takes time to develop.

Estrogen, the female sex hormone, is important to the vaginal mucous membrane and also affects a woman's sensation when her skin and clitoris are touched. Estrogen receptors are located throughout the body, including the central nervous system (CNS). The ovaries and adrenal glands also produce testosterone, the male sex hormone, in quantities equivalent to around 10 per cent of a man's output. Male sex hormones (androgens) like testosterone are important to a woman's libido. Every woman is unique, of course, and the effect of the various hormones always depends on the individual.

FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) is also sometimes referred to as female circumcision.

Over the ages, female sexual desire has been seen as a problem, and many societies and cultures have attempted to control it. Surgical removal of the clitoris or the application of corrosive liquids persisted into the twentieth century in Europe and the United States. These were some of the treatments used chiefly in psychiatric medicine to "cure" women that society considered too sexually expressive. Today, girls still undergo FGM in various parts of the world.

None of the major religions requires FGM; rather, it is a cruel tradition based on a variety of misconceptions, ranging from a belief that the clitoris will grow into a penis if it is not removed, to the notion that clitoris removal is necessary for a girl to become "clean" and

be able to bear children. Various types of FGM exist, and the resulting complications depend on the type of procedure and how it was performed. As well as the immediate consequences of FGM – the risk of bleeding to death or blood poisoning – there are also long-term complications. Problems with urinating, fistulas, and pain during menstruation and sex are not uncommon.

It is now illegal to carry out FGM in Sweden. If you are resident in Sweden, it is also illegal to take your child to another country so that FGM can be performed. RFSU is actively working to eliminate the practice entirely.

At school, girls who have undergone FGM may encounter particular problems. They may need longer to urinate than they are allowed at break time, and their difficulties in discharging menstrual blood may cause such severe pain that they find it impossible to attend school. There are clinics that offer plastic surgery designed to relieve the problems of these women as far as possible. In a simple procedure, the opening is made wider, so that urination and menstruation become easier.

Women who have undergone FGM also describe how they are able to discover sexual desire and pleasure if they can simply acquire sufficient knowledge of their body and the diverse nature of female sexuality, and avoid being labelled as victims. Women have many possibilities for experiencing pleasure and may discover orgasm triggers in wholly unexpected places. The entire body is one large erogenous zone that is sexually tactile, and clitoral stimulation and vaginal penetration are not the only means by which women can experience pleasure. One woman reported how she could almost reach orgasm while having her eyebrows plucked in the course of a facial treatment. Women with spinal injuries report that they can achieve orgasm through caressing of the area between paralyzed and non-paralyzed zones.

DESIRE and MASTURBATION

By masturbating, a woman can satisfy her sexual desire entirely on her own terms. A thought or an encounter may provide the initial turn-on. You may decide to explore your

genitals or masturbate even if you do not feel particularly horny when you begin. Desire may increase if you masturbate, while masturbation can be a way of dealing with desire.

Masturbation techniques include stimulating the clitoris with your fingers, with the jet of water from the shower, or possibly with a vibrator. Other methods may be to massage the front wall of the vagina with your fingers or an oblong object, to lie down and tense and relax your pelvic floor muscles, or to let your fantasies run wild. You can also use your fingers to apply massage oil in and around the anus. Massaging your whole body and the entire pubic region is another technique.

Together with a partner, women can also use other methods of clitoral and vaginal stimulation. By no means all women can achieve orgasm through penetrative sex on its own. Many women derive great pleasure from touching themselves or letting their partner use his/her fingers and mouth to stimulate the clitoris and vagina.

ORGASM, climax

Orgasm is the culmination of a desire-fuelled tension that turns into a voluptuous sense of physical and mental relaxation. During orgasm, contractions occur throughout the pelvic floor and can be felt especially in and around the clitoris, vaginal opening and anus. The contractions come quickly at first and then slow down. There are between three and twenty contractions, lasting anything from a few seconds to almost a minute. The cervix dilates and the muscles in the uterus contract, so that occasionally it feels like slight menstrual pain. Orgasm can also be described as a feeling of warmth washing over the entire body.

Some women enjoy several orgasms in succession, known as multiple orgasms. Other women have single orgasms, and the experience may vary from one occasion to the next. Women who experience multiple orgasms usually report that they continue to stimulate themselves immediately after the first orgasm, before the sensation vanishes.

A number of women find sexual satisfaction without reaching orgasm, and orgasm in itself is not an objective but just one part of sexual enjoyment. Sexuality and desire

embrace a multitude of ways to experience pleasure. Your personal experience should be respected without anyone requiring you to behave in a particular way. Some women who do not reach orgasm find it frustrating not to experience the satisfaction that orgasm can bring. They are entitled to receive help and support in finding pathways to enjoyment that are right for them. By masturbating, you can learn a lot about yourself and find ways to enjoy your sexuality for its own sake. Through therapy, you may be able to identify and deal with mental inhibitions that are a barrier to sexual fulfilment. There are many ways.

GYNECOLOGICAL EXAMINATION

A gynecological examination is often performed if a woman is having problems, in order to arrive at a correct diagnosis and recommend the best treatment. However, examinations may also be performed routinely or if a woman wishes to confirm that everything is in order. The examination is usually carried out by a doctor (often a gynecologist) or a midwife.

A routine examination begins with the doctor explaining what the examination involves. The patient is asked to sit in a special chair that holds her legs open in an elevated position, so that her private parts can be easily examined. The area is illuminated by a powerful light. The instruments normally used are called a speculum and a depressor. They are needed to part the vaginal walls so that the patient's vagina and cervix can be examined.

The doctor usually looks first at the labia, clitoris and perineum, and will tell you if everything appears healthy. Women sometimes have questions about their labia, and this is a good opportunity to ask the doctor for an answer. When it is time to examine the vagina and cervix, the doctor applies lubricant to a speculum, which is then inserted slowly into the vagina to hold back the rear wall. A depressor is then inserted to lift up the front wall, enabling the doctor to see inside to the cervix under the powerful light. Self-locking instruments are sometimes used and are available online if you wish to examine your own vagina.

In Sweden, women are offered a gynecological check-up about every three years from the age of 23. This involves taking a cell sample from the mucous membrane of the cervix. Using a small brush and a wooden spatula, loose cells are removed and placed on a glass slide, which is sent to the lab. No sample is taken from the actual tissue. There is no pricking or rupturing involved.

All the instruments are then removed from the vagina, and the doctor may sniff the discharge on the instruments to check that it has a faintly acidic scent. Any other scent may indicate a pH imbalance or vaginal infection. Wearing a surgical glove on one hand, the doctor then inserts one or two fingers into the vagina to feel the cervix. Using the other hand, the doctor gently presses on your stomach to palpate (feel) the uterus and ovaries between her/his hands. She/he will be able to feel the shape and size of the uterus and how it sits in your abdomen. If the uterus is tilted backward (retroflexed), the doctor may need to palpate it via the anus to reach it properly. The doctor can also feel the size and position of the ovaries, which may be a little tender. If you find it hard to relax, it may help if you take several deep breaths and try to lie back and focus on relaxing. If you feel any discomfort or pain, you should tell the midwife or doctor so that they can be more gentle or pause the examination. When the doctor has finished palpating, the examination is over and you may leave the chair.

Glossary

androgens – Substances that have a masculinizing effect.

bulb of clitoris – Erectile tissue below the crura of clitoris, each side of the vagina and urethra, and around the front of the urethra.

central nervous system (CNS) – The brain, brain stem and spinal cord, as opposed to the peripheral nervous system, which comprises all other nerve tissue.

corpus cavernosum – Erectile tissue at the clitoral glans, corpus and crura, capable of filling with blood to such an extent that it produces enlargement and stiffening (erection) of the organ.

corpus spongiosum – Erectile tissue capable of filling with blood to such an extent that it produces enlargement but not as much stiffening as corpus cavernosum. A woman has corpus spongiosum on each side of the vagina below the crura, around the urethra, and in the area of the inner and outer labia.

dilated – Wide open.

dildo – Sex toy/aid resembling a penis.

engorged – Filled with blood/fluid.

erectile tissue – Tissue with a sponge-like structure comprising many small voids that can be filled with blood and then emptied, so that the organ swells, hardens and enlarges, then slackens, softens and diminishes.

estrogen – Female sex hormone produced in a woman's ovaries and also, in small quantities, in the adrenal glands and in a man's testicles.

fistula – An abnormal canal resulting from disease or surgery.

genitalia – Sexual organs.

incontinence – Inability to retain urine or prevent urination.

innervation – Transmission of impulses via nerve fibres.

nerve endings – Part of the nervous system and the end point of the nerve fibres, from which impulses are transmitted to muscles, organs and other body parts.

neuroreceptors – The parts of certain nerve endings that receive sensory impressions or react to changes.

palpate – To feel with the hands.

pH – A measure of the acidity of a solution, where 7 is neutral, less than 7 is acidic, and more than 7 is alkaline (basic).

progesterone – Female sex hormone produced in a woman's ovaries and also, in small quantities, in the adrenal glands and in a man's testicles.

serum – In this context refers to blood serum, which is blood fluid without blood cells and fibrinogen (clotting protein).

speculum – An instrument inserted into the vagina to hold the vaginal walls apart and allow a doctor or midwife to see inside.

testosterone – Male sex hormone produced in a man's testicles and also, in small quantities, in a woman's ovaries and adrenal glands.

vibrator – Device producing fast, pulsating motions.

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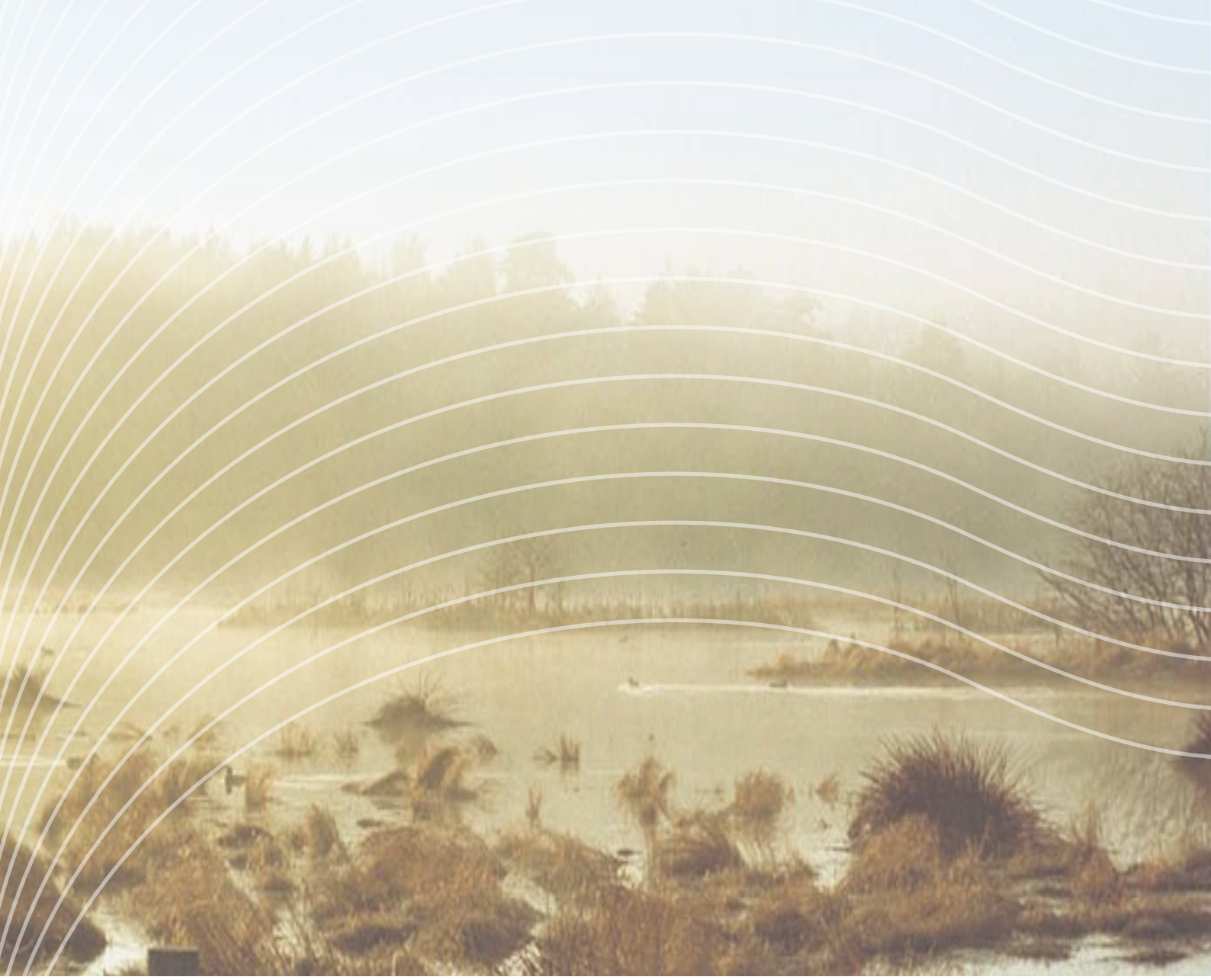

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