
**The Most Important Social And Psychological Factors Affecting
Women After Reproduction According To The Situation Of Vagina**

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- Abstract -

It is recognized that the future of development population community in Egypt is related to reinforcing the women status within the family. As a major input to achieving progress in reproductive health through raising the human development rates to the woman. And also studying her problems related with the family especially in the sex relation with the husband and its effect on the social and psychological situation of the women.

Expansion of the vagina for women after reproduction especially repeated reproduction is considered one of the reasons that make sex relation not successful between spouses, As a result, many of the social and psychological factors that affect women and prevent them from effective participation within the family and society are created. This reduces the chances of women's contribution to the processes of human development.

The current research will focus on measuring the effect of the classical repair of vagina narrowing for women immediately after reproduction to reduce some of the social and psychological problems. These problems are mainly related to the sexual relationship deterioration between spouses as a result of the expansion of vagina for women after childbirth. A sample of 250 women were collected from Al Azhar university hospital for girls, to study and monitor the most important social and psychological factors that surround women in light of the status of expansion of the vagina. A questionnaire was designed for this purpose and applied on the target sample. These women were evaluated by follow up again after 5 to 6 months to measure the impact of the same factors after applying of the classical repair of narrowing of the vagina to them through the same questionnaire. The research applied the same questionnaire twice to measure the impact pre and post a classical repair operation (narrowing of vagina) for this sample to determine the impact of this operation on improvement the social and psychological factors to these women. also, study the most important relative differences between these women according to some background characteristics (demographic, educational, economical and social).

Based on the data and its analysis, the research presented some conclusions and recommendation to reinforce the woman status within her family. The most important outcome study demonstrated the importance of a surgery to narrow the vagina after each reproduction to reduce the degree of the bad influence of the social and psychological situation of women. This will be contributed ensuring the practicing of sexual relationship is good and family stability.

As the study recommended to increase awareness to perform this operation immediately after each birth through health education programs in health centers and family planning are considered important steps in supporting sexual and reproductive health of women

Background of the study:

Reproductive health services are among the most important areas adopted by international organizations, primarily to reach the desired goal of achieving health for all and improve the quality of life of the individual. Reproductive health means the ability of people to enjoy a satisfying and safe sex and their ability to reproduce and freedom to self-reproduction. The media, health education and providing advice on sexuality between the couple are considered the elements of initial reproductive health identified by the work program of the International Conference on Population and Development held in Cairo in 1994 (Makhlouf, Hesham, 2006). The action program of the conference emphasized the importance that all people should access to health care services in the chapter of principles, including services relating to reproductive health care especially, family planning and sexual health through information, education and means to achieve this Khalifa, Mona et al (2002).

Generally, the wives in developing countries suffer from the repeated pregnancy and childbearing at frequent intervals, exposing them to the physical weakness and this in turn affects their relationship with their husbands within the family and increase the family problems between the spouses in their common interests. This pushed the women's organizations and bodies of the family planning to study needs of women and attention to maintain on her body and control the repeated reproductive using all means available to strengthen the position of women within the family, socially and healthy. The most important concomitant of the reproduction of the women is the expansion of vagina which expose them to bad sexual relationship with the husbands, which necessitate procedure of classical repair of the narrowing of the vagina for treatment of this matter. It also contributes to reinforcing the objectives of reproductive health of women by ensuring a satisfactory sex life of the couple (Anker, Richard, 2005). Whereas the reproductive health is a set of methods, techniques and services that contribute to reproductive and sexual health which aims to improve the quality of life and sexual relations between spouses, Besides providing counseling and medical care related to reproduction and diseases and sexually transmitted diseases (Farraj, Mona, 2001).

Furthermore, the women in rural areas are more vulnerable to the situation of the expansion of the vagina after repeated reproduction in Egypt. Whereas, 3.4 births was the average of children born of the women in rural at the end of their reproductive life, compared to 2.7 births was the average of children born of the women in urban areas (DHS, 2005). Which may explain that the husband mostly get married again in rural areas to achieve sexual pleasure of the wife. While this matter in urban areas may a result in more family problems between spouses that lead to a divorce or separation. Therefore, the improvement of all the circumstances and social and health factors surrounding the women will be support the reproductive health processes, family planning and empowerment of women within the community. So, applying of a classical repair of narrowing of the vagina to the women after the reproduction immediately is considered one of the health factors that can be contribute in the improvement the social and psychological position for the women.

The current study highlights two key issues regarding the applying of a surgery to narrow the vagina for the married women after the reproduction. First, there exist important social and psychology variations of the women within the family especially; with her husband in relation to the vagina situation and the sexual relation according to, it forms barriers faced in the family stability. Whereas although most spouses in Egypt are both socially and psychology disadvantaged in access to all means of good living, the sexual relationship between the spouses is the greatest barrier to the family stability. Second, improving the status of women and deepening its role within the family requires taking into account the study of all the health means that enhance their relationship with their husbands in order to ensure the active participation of women in all targeted development processes within the community. In this study, the role of selected background characteristics of women, who have affiliation with a surgery to narrow the

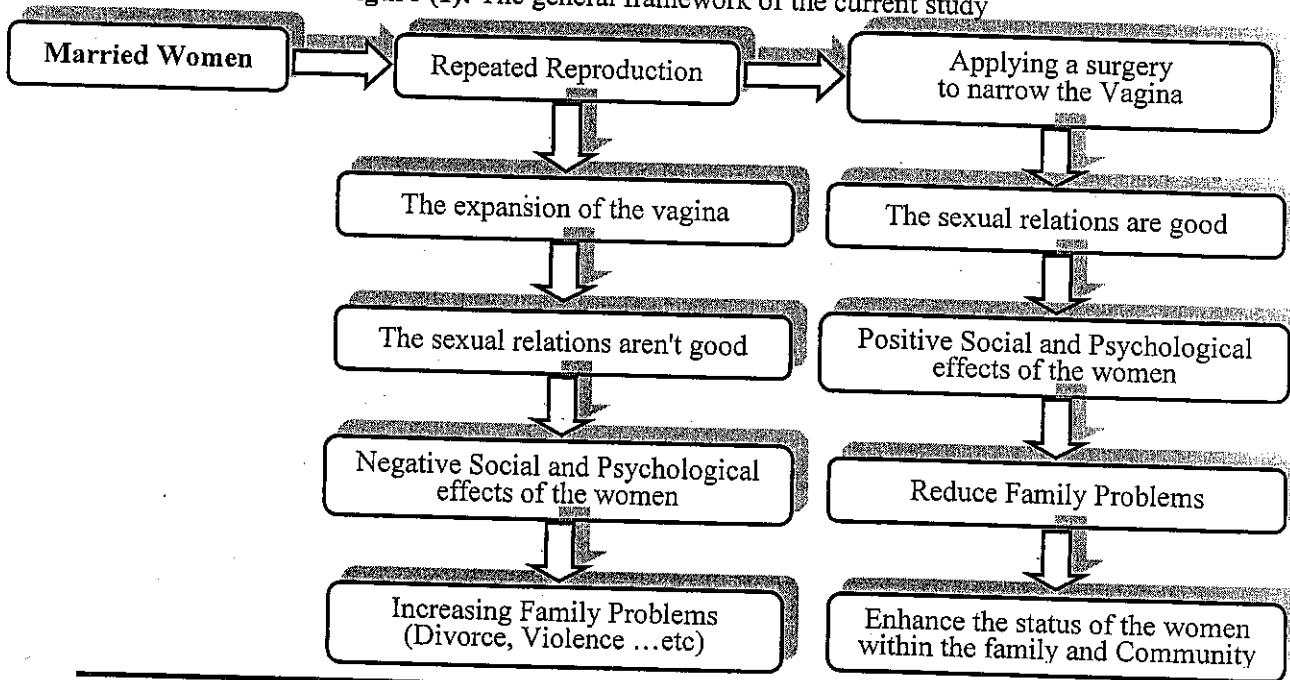
vagina, is analyzed to assess their potential impact on the family development programs.

The problem of the study:

Given the repeated reproduction of married women, it is often accompanied by an expansion of the vagina as a result of birth. Thus the sexual relations between spouses are not successful and results from that an aversion of the husband and increasing the family problems. These in turn affect the social and psychological situation of women within the family.

So, the current study came to highlight the reproductive health to the women through the importance of a surgery to narrow the vagina for women immediately after birth in order to maintain the success of the sexual relationship between spouses as well as reduce negative effects that may result from it. The following figure illustrates the framework of the study problem:

Figure (1): The general framework of the current study



Importance of the study:

The importance of the study are as follows:

- Improve the status of women's social and psychological and strengthen their positions within the family and ensure their effective participation in various decisions .
- Enhancing the contribution of women in the development of the family and the preservation of stability.
- Increase awareness of the importance of a surgery to narrow the vagina immediately after the birth and its importance in strengthening the position of women.
- Contribute to solving some family problems between the spouses as a result the expansion of the vagina's women

Aims of the study:

The study aims to:

- Determine the impact of classical repair of vagina narrowing of women to improve their social and psychological conditions and strengthen their positions within the family through studying the most important social and psychological factors that surrounding the woman before and after procedure the operation.
- Determine the most important relative differences according to some background characteristics for women after the operation of vagina narrowing.

- Determine the most important factors affecting the interpretation of the total variation of the level of psychological and social situation's women before procedure of the operation of vagina narrowing.

Sources of Data and Limitations

Adopted the current study on a sample of married women in reproductive age and have the desire to apply a surgery to narrow the vagina. These women were selected from the records of patients affiliated to hospital in Al-Azhar University. The application of questionnaires designed to examine the psychosocial and social factors before the operation of vagina narrowing, and then repeat the application of the questionnaire after three to six months after the operation during the periodic follow-up to these women.

The procedural terminology of the study:

- Reproductive health: is a state of well-being complete physical, mentally and socially in all matters relating to the reproductive system and its functions and processes and not merely the safety of disease or disability (the International Conference on Population and Development in Cairo, 1994). While, the current study also added to this definition the ability of women to life after the reproductive period to enjoy a satisfactory sex life with her husband allows it a good psychology and social status, which enhances their social position within the family.

- Vagina: The vagina is the narrow, elastic canal that extends from the cervix to the outside of the female body. It is about 2 to 4 inches long. It is also referred to as the birth canal, allowing the passage of a baby during childbirth (Fayed, Lisa, 2009). Also, is the member who receives the sperm of a man and a baby is out of the vagina during childbirth (Abu Saud, Hind, 2004). The study focused on the opening to the vagina, which is called the introitus where is the target place to the operation of narrowing.

- Operation of narrowing the vagina (Introitus): is a classical repair to narrow the opening to the vagina that has folds of skin called labia that meet to form a vulva. The urethra also opens into the vulva, but it is separate from the vagina, and is used for passing urine from the body. This operation is carried out by surgeons obstetrics and gynecology to fix the damage in the pelvic muscles after repeated births where anesthesia of the wife, then narrowing the walls of the vagina is surgically or laser. It is one of the operations day in and the sick can exit in the same day. The wife can exercise all normal activities except the sexual relation where it is forbidden to have intercourse for six weeks (Sexual Health Center, 2009)

Literature Review

By reviewing the previous studies, it was found that these studies used in studying the reproductive health especially, the sexual health which, is considered one of the family problems that face the women after the reproduction and threaten the stability of married life. This sexual problems affecting the psychologist and social situation of women within the family and hinders their participation in the development. A brief survey was completed by 91 women in New York-USA, aged 24-57, who had experienced serious adverse consequences of their partner's cybersex involvement. In 60.6% of cases the sexual activities were limited to expansion of the vagina of these women and prevalence cybersex. So, the sexual relation wasn't good with their partner according to lack of sexual enjoyment of the partner during intercourse in the light of the expansion of women's vagina. As a result, 31% of partners volunteered that the cybersex activities were a continuation of pre-existing compulsive sexual behaviors (Schneider, 2000).

Research by (Clarke, Adele, 1998) has emphasized on the importance understanding reproductive issues and the reproductive sciences is seen as important to improving the situations of women. It pointed to that many of modernists and post modernists lose sight of the family fundamental "social fact". Ruptures in the fabric of familial existence as a result to sexual problems between the spouses—bring reproductive health issues into sharp focus. Research by (Petchesky, Rosalind, 1990). Also, explained the reproductive and sexual issues are simultaneously and inextricably social and individual in ways that studying deeply the problems

between spouses. As a result of misunderstanding to these issues together and can create profound conflicts within family. Furthermore, family planning, can be used to attain the sexual health for the women especially, There was a study focused on the methods of evaluating family planning programs in the long-term objectives and it concluded that family planning component became one of the majors of reproduction health framework (Naguib, 1999). Research conducted by Khalifa, Mona *et.al.* (2002) highlighted the problems of women after the reproduction, such as genital diseases and sexually transmitted diseases through the reproductive tract.

Research also, by Schober, Justine (2004), explained that the surgical aspect of the clinical management of sexuality, has been modified repeatedly over the last four decades. Initially, goals were simplistic and limited to a vaginal space to facilitate sexual function. Eventually, surgical demands were expanded by the expectation of the spouses that good surgical outcomes of the vagina for sexual function should include sexual sensitivity that led to enjoying during intercourse. Moreover, research by Cervenkam, Kathleen (2005), indicated that In the last few years, there has been increasing media attention of the "problem" of low-sex and no-sex marriages. Apparently, there is an epidemic of couples not having sex. Some say that this is a new phenomenon, and might even link it to the pressures on families with both partners needing to have one or more jobs, looking after children, confusion about male and female roles, the rise of pornography and Internet sexuality, and the number of books published purporting to explain and solve the problem.

As studying family problems, revealed that the expansion of the vagina of the women during the intercourse after the pregnancy and reproduction is considered a one of reasons for non-regular sex. On the whole, men tend to be much more reluctant to seek outside help for difficulties in relationships, and by no means are all women enthusiastic about it either. So, Some experts predict dire consequences for any couple that isn't having regular sex, claiming that it must signal a doomed relationship. Given the importance of studying ways to improve the sexual relationship between spouses. A research by Lindau, Stacy *et. al.* (2007), studied the prevalence of sexual activity, behaviors, and problems in a national probability sample of 3005 U.S. (1550 women and 1455 men) and described the association of some variables with health status for both spouses. And one of the results of the research has indicated that The most prevalent sexual problems among women were low desire (43%), intercourse non-good with vaginal expansion (39%), and inability to climax (34%). Also, in the light of the importance of the reproductive health, a research by Miller, Kate and Rosenfield, Allan (1996), Focused on six of the most pressing reproductive health concerns facing women such as sexually relationship, gender inequalities, etc.

Consequently, a review of the literature revealed that there is still no empirical literature available dealing with the family problems and reproductive health with respect to the sexual relationship between spouses, which returns to the expansion of the vagina as result to the reproduction. Whereas most of the previous studies in the literature tended to deal with this topic a theoretical level. Moreover, the studies in Egypt are rare on this problem. As a consequence, this study addresses this issue and highlighted to the importance of applying a surgery to vagina narrowing for women after the reproduction operation as important step to reduce the family problems in the future.

Methodology of the study:

This study is a Longitudinal study that depends on follow-up one sample of women in two phases through case study that is considered one of a descriptive types of researches; which here means the study and follow-up to the social and psychological situation of a group of women who have an expansion of the vagina in two stages before and after vagina narrowing operation.

The study also used random sampling survey method. Respondents to the questionnaire used were 250 women. These respondents were selected from the hospital records through a systematic random sample. It was depended on the descriptive and inferential approach to determine the most important factors and indicators affecting the social and psychological

situation of women in the light of the expansion of the vagina. Also, determine the impact of operation of narrowing the vagina for women after birth to improve the social and psychological conditions surrounding woman within her family.

Questionnaire:

The questionnaire was the basic instrument that adopted by the study to collect data on married women have the desire for a surgery of vagina narrowing to face the social and psychology conditions they are experiencing. And it was the same tool to measure the impact of this operation on improving the social and psychology conditions these women. The questionnaire distributed contained 30 questions in three different categories as follow:

- (1) Question 1-10: individual data on the respondent (age, education, work, income, husband, Number of kids, reproduction,... etc)
- (2) Question 11-20: data on the psychology conditions surrounding the married women before and after a surgery of vagina narrowing.
- (3) Question 21- 30: data on the social conditions surrounding the married women before and after a surgery of vagina narrowing.

The Validity of the questionnaire:

The study used a pilot testing questionnaire document was produced and pre-tested by academics, consultants and a small number of private hospitals, well known to the researches. During the pilot study, many adverse comments were received due to the lack of information.

Statistical Analysis:

To realize the aims of the study, appropriate statistical methods were used such as Paired Sample T-Test for related samples to measure the impact a surgery of the narrowing the vagina's women to improve the social and psychological situation after the operation than before it. Through the test the following hypotheses:

$$\bullet H_0 : \bar{d} = 0 \quad (\text{Null Hypotheses})$$

In the sense that there is no difference between the social and psychological factors of married women before and after the operation of narrowing the vagina

$$\bullet H_a : \bar{d} \neq 0 \quad (\text{Alternative Hypotheses})$$

In the sense that there is difference between the social and psychological factors of married women before and after the operation of narrowing the vagina.

Where the value of the T-Test was calculated from the following equation:

$$t_{\text{calculated}} = \frac{\bar{d} - 0}{S_d \div \sqrt{n}}$$

Also, Chi-square test χ^2 and multiple analysis of variance MANOVA was used to determine the most important relative differences according to some background characteristics (Demographic, educational, economical and social) for the married women after a surgery of narrowing the vagina. It Also used the Factor Analysis to determine the most important factors affecting the interpretation of the total variation of the level of psychological and social situation's women before procedure of the operation of narrowing the vagina. Generally, The Factor analysis is a multivariable method that has as its aim the explanation of relationships among several difficult-to-interpret, correlated variables in terms of a few conceptually meaningful, relatively independent factors Kleinbaum *et al.* (1978). The factor analysis aims to summarize the many variables in a smaller number of factors so that each factor has a relationship with some or all of these variables. And through this relationship an explanation of this factor can be made according to the variables that are strongly correlated with it.

It is based on the idea derive a set of factors from original variables where it has a correlation relation with these variables and the factors can explain the largest possible proportion of the variation in these variables (El-Bashir, 2003). The Factor analysis is depended

on transactions correlation matrix of variables, Principal Components Method (PCM) is considered one of the methods of factor analysis, which was adopted by the current study, in achieving one of its objectives. The relationship between the original variables and factors in the form of linear equations. The main component (factor) in the form of a linear relationship of variables, and assuming that we have p variables, the first primary component (factor) can be elaborated as follows Samuel *et al.* (2000):

$$F_1 = a_{11}X_1 + a_{12}X_2 + \dots + a_{1p}X_p$$

$$F_2 = a_{21}X_1 + a_{22}X_2 + \dots + a_{2p}X_p$$

$$\dots$$

$$F_m = a_{m2}X_1 + a_{m2}X_2 + \dots + a_{mP}X_p$$

It had been using statistical analysis program SPSS version 17 for the application of statistical methods in the above-mentioned.

Results and outcomes of the study:

A total of 250 questionnaire were implemented by personal interview with married women who had a desire to do a surgery of narrowing of vagina before the operation and after it through the follow-up visiting about 5-6 months after the operation. The results of data analysis showed background characteristics these women as the following table:

Table (1): Background characteristics of the sample of married women who had been a surgery of vagina narrowing (Numbers & Percentages)

Background Characteristics	N=250	%
Residence		
Urban	180	72.0
Rural	70	28.0
Women's age		
< 25	49	19.6
25 - 35	139	55.6
More than 35	62	24.8
Husband's age		
< 35	99	39.6
35 - 45	100	40.0
More than 45	51	20.4
Duration of marriage		
< 5	37	14.8
5 - 10	61	24.4
More than 10	152	60.8
Number of children		
<= 2	118	47.2
More than 3	132	52.8
Education		
High Level	15	6.0
Medium Level	26	10.4
Low level	123	49.2
Illiteracy	86	34.4
Monthly income		
< 1000 L.E	128	51.2
1000 - 2000 L.E	93	37.2
More than 2000 L.E	29	11.6
Woman's work		
Not working	102	40.8
Working	148	59.2
Rank of the wife		
First Wife	234	93.6
Second wife	13	5.2
Third Wife	3	1.2
Responsibility decision of reproductive Husband		
	59	23.6

Wife	55	22.0
Both	136	54.4

The background characteristics of women presented in table (1) according to multi classifications. Women's desire to do an operation of vagina narrowing is usually expected to be low among women in rural that dominate them customs and traditions with respect to matters of sexual, increases among women in urban who have a space of freedom to do that. As table (1) shows, the women who conducted a surgery of vagina narrowing was the lowest (28 %) among married women in rural while the highest (72%) among married women in urban. Table (1) indicates that most women involved in the operation of vagina narrowing were in the age from 25 to 35 years, as demand increases to such a surgery in the age groups above 25 years, and their husband in the age from 35 to 40 years. Also, 60 percent spent a period of marriage life more than 10 years were the highest among the total women. Then followed by 24 percent of women who spent a period from 5 to 10 years among the total women. This indicates that increasing of period of married life leads to increasing the need for a surgery of vagina narrowing.

The findings indicate that about 51 percent of total women had got a monthly income less than 1000 L.E, 49.2 percent and 34.4 percent represented women with less education and illiterate respectively, which were the highest percentages of the total women who conducted a surgery of vagina narrowing as well as the percentage of women working is higher than non-working. Also, 93.6 % of women who are considered the first wife represented the majority percentage of these women, and results indicate that the reproductive decision within family is almost similar among men and women, where the percentages were very close.

As it appears from table (2) the following:

- Most births of these women were natural childbirth represented about 72% among total of women who conducted a surgery of the vagina narrowing, and the remaining percentage was the operations of caesarean. And 74% of these women was the highest among women who their birth at the hospital, then followed by the percentage of women who birth at a private doctor which represented 12%, and was almost close to the percentage of women who birth at a private clinic which represented 11.6%. While, the lowest percentage of births were by midwives which represented approximately 2%.
- The majority of women (89%) pointed out that adopting vagina narrowing operation after each birth, which was motivation to attain many factors. For example a large percentage of married women are mostly likely to do this operation in order to avoid divorce, represent about 49 percent of overall women, 18 percent had done this operation according to husband's desire, 13 percent as result to non-enjoyment during intercourse, and the remaining for other reasons. Therefore, they are more willing to do this operation in order to improve the sexual performance during the intercourse, and in turn lead to improve their social and psychological situation within family.
- Concerning to, the symptoms suffered by the husband according to the vagina expansion of women, the findings indicates that about 84% of these women pointed out to some symptoms, While the remaining of respondents indicates that there are no symptoms with respect to the husband. and about 67% of women were shy to mention the symptoms suffered by the husband during intercourse exactly in light of the vagina expansion, but they pointed out the existence of a bad influence during intercourse resulting from the vagina expansion. Also, there was about 24% of women responded that the highest percentage of symptoms which had been faced the husband back to the non-sexual enjoyment.

Table (2): Medical characteristics of the sample of married women who had been a surgery of vagina narrowing (Numbers & Percentages)

Medical Characteristics	N=250	%
Method of delivery		
Natural birth	181	72.4
Caesarean	69	27.6
Location of the delivery		
Private doctor	30	12.0
Private clinic	29	11.6
A Hospital	185	74.0
Midwife	6	2.4
Desire for the operation after each birth		
Yes	223	89.2
No	27	10.8
Motivation of vagina narrowing		
For fear of divorce	122	48.8
Husband Desire	47	18.8
Non-enjoyment during intercourse	34	13.6
Husband away	10	4.0
Psychological	21	8.4
Medical reason	16	6.4
Symptoms suffered by the husband according to expansion of the vagina		
Yes	211	84.4
No	39	15.6
Symptoms during intercourse		
Refused to answer	167	66.8
Exit penis- vagina quickly	6	2.4
Husband away	15	6.0
Non-sexual enjoyment	59	23.6
Just routine and boring	3	1.2

The following table reflects some quantitative variables that shed more light on the background characteristics of women who had conducted a surgery to narrow the vagina, such as the average age of both wife and husband, and monthly income. As it also reflects the differences in the averages to the total level of social and psychological situation of women before and after the operation, where the average of bad influence on women before the operation in the case of the vagina expansion about 52 degrees and standard deviation of 11 degrees. But, it had been reduced after conducting the operation of the vagina narrowing as amounted 44 degrees and standard deviation of 8 degrees, which indicates the presence of improved somewhat in the total social and psychological situation of women after this operation.

Table (3): Some quantitative variables of the sample of married women who had been a surgery of vagina narrowing

Quantitative Variables	Mean	SD
Wife Age (years)	32	7.2
Husband Age (years)	38	7.6
Monthly Income (L.E)	1154.4	63.0
Number of children (kids)	3	5.2
No. of marriage years (years)	12.5	7.1
Total Level of social and psychological situation before the operation (Pre-test)	52.6	11.1
Total Level of social and psychological situation after the operation (Post-test)	43.1	8.2

The figure (2) reflects the amount of improvement in both the social and psychological situation that has taken place on women, this through the comparison before and after the

operation of vagina narrowing, where the average of bad influence to the social dimensions on women before the surgery about 24, but it has improved after conducting the surgery where this effect down to about 18 degrees as well as the average of bad influence of the psychological dimensions on women was 29 before the surgery, then decreased after the surgery to 23.

Figure (2): Means of both social and psychological situation of women

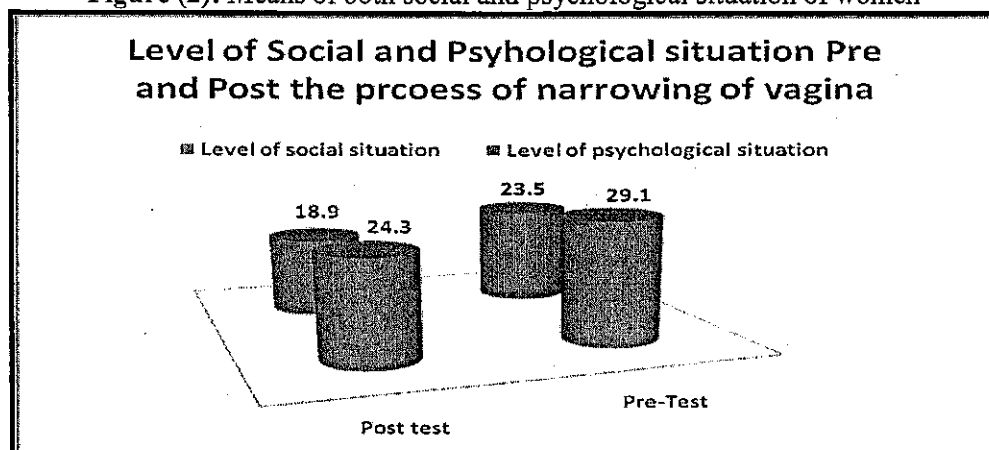


Table (4): Correlation Matrix between some demographic variables and total level of social and psychological situation of women with the expansion vagina

Demographic Variables	No. of children	No. of marriage years	Wife Age	Husband Age	Monthly Income
The bad level of social and psychological situation	.878**	.679**	.434**	.257**	-.311**
Monthly Income	-.204**	-.229**	-.192**	-.240**	1
Husband Age	.341**	.665**	.787**	1	-.240**
Wife Age	.417**	.846**	1	.787**	-.192**
No. of marriage years	.435**	1	.846**	.665**	-.229**
Number of children	1	.435**	.417**	.341**	-.204**

** . Correlation is significant at the 0.01 level (2-tailed).

It is interesting to note by table (4) that there is a relationship between the total level of social and psychological situation of women with expansion vagina and some demographic variables, where the findings indicates that all correlation coefficients are significant at the level p -value < 0.05 . The findings of table (4) indicate that number of children was the highest correlated with the total level of social and psychological status of women, where the coefficient of correlation was 0.678, which demonstrates that increasing the number of children affects the worsening social and psychological situation of women in the light of the expansion of the vagina. Then followed by the variable of number of married years, where the correlation coefficient was 0.479, this also, points out that has an impact on the worsening social and psychological situation of women in light of the expansion vagina.

The coefficient correlation between woman's age and number of marriage years was the highest in the correlation matrix, where was 0.846, followed by the correlation between husband's age and wife's age, where the correlation coefficient was 0.787. Moreover, monthly income has a negative correlation with the total level of social and psychological situation of women in light of the vagina expansion, where the correlation coefficient was (-0.311), which indicates that the high level of monthly income has a role to improve the social and psychological situation of women with the vagina expansion.

It appears from the results in table (5) examination the association between region type in Egypt and some background characteristics of women married. Conducting a surgery of vagina narrowing of these women is usually expected to be low among married women in rural,

increases among married women in urban who have a free to do that, large differences were observed in the conducting of this operation between urban and rural areas. About 79.2% in urban areas compared to 20.8 in rural areas at lower Egypt, also about 58.3% in urban areas compared to 41.7 in rural areas at upper Egypt. This may be explained by the fact that in urban areas women prefer doing that due to social conditions that allow them to

There is a strong relationship between region type and Women's age. Conducting a surgery of vagina narrowing increases with married women of age group 25-35, it was 54.2% in upper Egypt and 55.9% in lower Egypt, because the repeated reproductive is usually higher in higher age groups. So, in turn leads to the need for this operation continuously

Also prevalence rate this operation varies according to the education of women. The highest used among women who their education low level or illiterate together (91.8%) in upper Egypt and (81.1%) in lower Egypt. As this operation increases among the women who their monthly income Less than 1000 L.E. and were working in both upper and lower Egypt.

Table (5): Percentages of married women who had been a surgery to narrow the vagina by region type in Egypt according to background characteristics

Background Characteristics	Upper Region (N= 48)	Lower Region (N=202)	Measure of Association (χ^2 - test)
Residence			
Urban	58.3	79.2	$\chi^2 = 27.113$ P-value = 0.000*
Rural	41.7	20.8	
Women's age			
< 25	14.6	20.8	$\chi^2 = 1.781$ P-value = 0.041*
25 - 35	54.2	55.9	
More than 35	31.2	23.3	
Husband's age			
< 35	25.0	43.1	$\chi^2 = 7.199$ P-value = 0.027*
35 - 45	56.2	36.1	
More than 45	18.8	20.8	
Number of marriage years			
< 5	8.3	16.3	$\chi^2 = 2.350$ P-value = 0.309
5 - 10	22.9	24.8	
More than 10	68.8	58.9	
Number of children			
<= 2	45.8	47.5	$\chi^2 = 0.045$ P-value = 0.833
More than 3	54.2	52.5	
Education			
High Level	2.0	7.4	$\chi^2 = 7.878$ P-value = 0.043*
Medium Level	6.2	11.4	
Low level	62.6	45.5	
Illiteracy	29.2	35.6	
Monthly income			
< 1000 L.E	54.2	50.5	$\chi^2 = 8.183$ P-value = 0.017*
1000 - 2000 L.E	45.8	35.1	
More than 2000 L.E	0.0	14.4	
Women's work			
Not working	16.7	46.5	$\chi^2 = 14.325$ P-value = 0.000*
Working	83.3	53.5	
Rank of the wife			
First Wife	95.8	93.1	$\chi^2 = 0.867$ P-value = 0.648
Second wife	4.2	5.4	
Third Wife	0.0	1.5	
Responsibility decision of reproductive			
Husband	27.1	22.8	$\chi^2 = 0.591$ P-value = 0.744
Wife	18.8	22.8	

Both 54.2 54.5

Note: * Chi-square significant at the level of P-value < 0.05.

- Total sample size (N = 250 woman)

Generally, the chi-square tests show significant association between region type with almost most of the selected background characteristics of married woman who conducted a surgery of narrowing vagina (p-value < 0.05), except for number of marriage years, number of children, rank of the wife and responsibility decision of reproductive (p-value > 0-05).

The impact of vagina narrowing operation for women to improve their social and psychological situation:

To determine the effect of the classical repair of vagina narrowing to improve both the social and psychological situation of women by reducing the severity of the bad influence caused by the vagina expansion pre the operation. The t-test for paired samples was used to determine the effect before and after the operation. And the results are shown in the following table:

Table (6): T-test of paired samples, that determine impact of vagina narrowing operation on the level of social and psychological situation of women by pre & post the operation

Impact of vagina narrowing operation	Mean of Diff.	Std. Deviation	T-test	DF	Sig.
Level of social situation of the women (Pre and Post) the operation	4.8	1.1	66.9	249	0.000*
Level of psychological situation of the women (Pre and Post) the operation	4.6	3.9	18.6	249	0.000*
Total Level of social and psychological situation (Pre and Post) the operation	9.4	4.0	36.9	249	0.000*

Note: * T-test is significant at the level of P-value < 0.05.

The results of t-test indicates that there are significant differences in both the level of the social situation of women before and after surgery, as well as for the psychological situation and also at the total level for both the social and psychological together, and these differences are significant at the level of (p-value < 0.05). whereas the average of bad influence on women concerning the level of the social situation amounted (\bar{X} = 29.1) before the operation of vagina narrowing, and it was higher than after the operation as it and then decreased after the operation to (\bar{X} = 24.3), and concerning to the level of psychological state, the average of bad influence before the operation of vagina narrowing was (\bar{X} = 23.5) and then decreased after the operation to (\bar{X} = 18.9). As for the average of bad influence to the total level of social and psychological situation together was (\bar{X} = 52.6) before vagina narrowing operation and then decreased after the operation to (\bar{X} = 43.1) where are shown in table 3 before.

So, this findings indicates the extent to how a great improvement in the level of social and psychological situation of women in light of the classical repair of vagina narrowing, which reflects the importance of this operation, particularly after reproduction and the need to be taken into account by those responsible for the health of women and promote a culture of sexual and reproductive health in order to develop the family and awareness on this matter.

The most important relative differences according to some background characteristics of women after vagina narrowing operation:

Using of Multivariate and Univariate analysis in this part of the current study to examine the significant differences in the degree of decline in the bad influence of social and psychological factors on women as a result of a classical repair of vagina narrowing according to

some background characteristics to these women. The results of these tests are showed in the following tables (9 to 12) according to multiple classification to the background characteristics.

Table (9): Significant differences for total level of social and psychological situation of women after vagina narrowing operation by some demographic variables ^a

Source of Variance	Multivariate F Ratio	Univariate F Ratio	Sig.
Resistance (Urban / Rural)		0.003	0.957
Level of social situation of the women	0.149		0.149
Level of Psychological situation of the women	0.010		0.010*
Women's age (< 25 / 25 - 35 / > 35)		4.032	0.046*
Level of social situation of the women	1.164		0.314
Level of Psychological situation of the women	2.142		0.120
Husband's age (< 35 / 35 - 45 / > 45)		.964	0.383
Level of social situation of the women	2.268		0.106
Level of Psychological situation of the women	1.396		0.250
Number of marriage years (< 5 / 5 - 10 / > 10)		5.413	0.005*
Level of social situation of the women	20.611		0.000*
Level of Psychological situation of the women	0.028		0.973
Number of children (<= 2 / > 2)		33.289	0.000*
Level of social situation of the women	22.730		0.000*
Level of Psychological situation of the women	45.450		0.000*
The effects of interactions between variables			
Resistance × Women's age		1.082	0.341
Resistance × Husband's age		1.259	0.286
Resistance × Number of marriage years		.635	0.531
Resistance × Number of children		2.085	0.150
Resistance × Women's age × Husband's age		1.490	0.224
Resistance × Husband's age × Number of marriage years		0.492	0.484
Resistance × Husband's age × Number of children		0.981	0.323
Women's age × Husband's age × Number of marriage years		0.871	0.352
Husband's age × Number of marriage years × Number of children		0.267	0.606

Note:

a Using Multivariate and Univariate analysis of variance by SPSS

* Significant at the level of P-value < 0.05.

The results in table (10) in respect of residence indicates that there are significant differences only in reducing the bad influence of the level of psychological situation of women, whereas the average of bad influence after vagina narrowing operation for women in urban ($\bar{X} = 40.4$) was better than in rural ($\bar{X} = 44.9$), reflecting the size of the severe influence of psychological situation faced by the women in rural areas in light of the vagina expansion. There is also a significant difference according to women's age in the total level of bad social and psychological situation, the source of this difference due to that the decline in the level of bad situation was better in women younger than 25 years, compared to the rest of other ages. There is also a significant difference in the bad level of social and psychological situation of women as a whole as well as for social situation only depending on the number of marriage years, and the source of the difference was between the women who married less than 5 years on the one hand, where the average decrease of the bad influence amounted 35.4.

It was better than the lower average of women who have both the number of marriage

years 10-5 years ($\bar{X} = 41.6$) or greater than 10 years ($\bar{X} = 45.6$) on the other hand. It is also evident from the results clearly, there is significant difference according to the number of children because the average the bad influence of the social and psychological situation for the women who have fewer than or equal to two children ($\bar{X} = 38.1$) was better than the women who have more than two children ($\bar{X} = 47.2$), This refers to the role of the small family that have two children or less to contribute through an operation of narrowing the vagina in achieving social and psychological stability of women. In addition to the above, there was no significant differences due to the interactions between the variables listed in the table above.

Table (10): Significant differences of total level of social and psychological situation of women after vagina narrowing operation by some social variables ^a

Source of Variance	Multivariate F Ratio	Univariate F Ratio	Sig.
Education (High / Medium / Low / Illiteracy)		7.600	0.000 [*]
Level of social situation	7.850		0.000 [*]
Level of Psychological situation	1.566		0.199
Rank of the wife (First / Second / Third)		5.016	0.007 [*]
Level of social situation	1.204		0.302
Level of Psychological situation	3.699		0.026 [*]
Responsibility decision of reproductive (Husband / Wife / Both)		1.740	0.178
Level of social situation	7.834		0.001 [*]
Level of Psychological	1.938		0.147
The effects of interactions between variables			
Education × Rank of the wife		9.009	0.003 [*]
Education × Reasonability Decision		1.738	0.127
Rank of the wife × Reasonability Decision		0.090	0.765

Note:

^a Using Multivariate and Univariate analysis of variance by SPSS

* Significant at the level of P-value < 0.05.

It appears from the findings of table (10) that there are significant differences in the reducing level of the bad influence of social and psychological factors as a whole and in particular the social situation as result to vagina narrowing operation according to education of the women. Which back to the difference between the educated women groups, whether higher education ($\bar{X} = 37.7$) or medium ($\bar{X} = 37.6$) or low ($\bar{X} = 41.4$) from one hand and illiterate women group ($\bar{X} = 49.6$) on the other hand. Concerning to reduce the bad influence of the psychological situation only on women, there was no significant difference depending on the situation of education of women. This means that the education of women contributes beside an operation of vagina narrowing in reducing the effect of the social and psychological bad situation on women in the light of expansion vagina.

As well as there is a significant difference in reducing the bad influence returns to the rank of women to her husband and in particular for the psychological situation only for women. While there is a significant difference for only the social situation of women according to responsibility decision of reproductive, and the source of the difference was between the joint decision of the couple from one hand and the decision of one spouse on the other hand. This in turn indicates the effect of the joint decision of spouses with related to reproduction beside the vagina narrowing to reduce the bad influence of social situation for women in light of the expansion vagina. Unfortunately, there is no significant differences among the interactions except the interaction between the education and rank of the wife concerning the role to reduce the bad influence of these factors with the vagina narrowing where is significant at the level p-value <

0.05.

Table (11): Significant differences of total level of social and psychological situation of women after vagina narrowing operation by some economic variables ^a

Source of Variance	Multivariate F Ratio	Univariate F Ratio	Sig.
Women's Working (Work / Not-work)		1.474	0.226
Level of social situation	3.087		0.048*
Level of Psychological situation	6.625		0.011*
Monthly Income (< 1000 / 1000 – 2000 / > 2000) L.E		6.967	0.001*
Level of social situation	12.664		0.000*
Level of Psychological situation	0.118		0.889
The effects of interactions between variables			
Women's Working × Monthly Income		1.248	0.289

Note:

^a Using Multivariate and Univariate analysis of variance by SPSS

* Significant at the level of P-value < 0.05.

The findings indicates the existence of significant differences in reducing the average of the bad situation of the social and psychological factors after narrowing of the vagina according to women's work, where the average of decrease in the bad influence of these factors for women who worked ($\bar{X}=41.0$) was better than who did not work ($\bar{X}=42.7$). This may interpreted in light of the fact that these women who did not work are exposed to severe bad influence with expansion of vagina, whereas the work of women should be regards as a important step contributed with narrowing the vagina towards reducing the influence of these factors. As well as the monthly income of women when it is greater than 2000 L.E, have a greater impact in reducing the bad influence of the social and psychological factors together, however, the average of monthly income does not have a significant effect depending on the psychological situation only for women, and there is no significant difference in reducing the bad influence back to the interaction between each of the women's work and monthly income.

Table (12): Significant differences of total level of social and psychological situation of women after vagina narrowing operation by some medical variables ^a

Source of Variance	Multivariate F Ratio	Univariate F Ratio	Sig.
Method of delivery (Normal / Caesarean)		7.545	0.006*
Level of social situation	0.207		0.649
Level of Psychological situation	3.983		0.046*
Location of the delivery (Private doctor / clinic/ Hospital /Midwife)		4.436	0.005*
Level of social situation	4.184		0.007*
Level of Psychological situation	1.523		0.210
The effects of interactions between variables			
Method of delivery × Location of the delivery		6.027	0.003*

Note:

^a Using Multivariate and Univariate analysis of variance by SPSS

* Significant at the level of P-value < 0.05.

The results indicates a significant difference in reducing the degree of the bad influence of the social and psychological factors together resulting from narrowing the woman's vagina at the level p-value <0.05 according to method and location of birth. Concerning to method of birth,

there are significant difference due to that the average of decrease in the bad influence of the factors for women who had a natural birth ($\bar{X} = 42.3$) was better than who had a cesarean birth ($\bar{X} = 44.4$). While the place of birth, there are significant difference where the birth through a private doctor was the least average of the bad influence of social and psychological factors together ($\bar{X} = 38.8$), compared to any other place. Interestingly enough, this result concerning the expected role of to the private doctor who follows the women before and after reproduction and support her by all the important information about good health practices, thus ensure social stability and psychological well within their families after the reproduction.

However, reducing of the bad situation of social factors only for women after narrowing the vagina does not significantly different according to method of delivery as well as reducing of the bad situation of psychological factors only does not significantly different according to place of birth. Moreover, the interaction among method and place of birth has a significant effect in reducing the bad influence of social and psychological factors together on these women.

The most important factors affecting the interpretation of the total variation of the level of psychological and social situation's women:

In light of the results of the study have been identified the most important factors or dimensions of social as well as psychological (main components) affecting the interpretation of total variation to measure of the total level of social and psychological situation of women in the light of vagina expansion by using Principal Component Method of factor analysis used to examine that. Principal Component Method used to summarize the set of many variables observed in both the social and psychological dimensions specified by the current study, to a few set of main factors that explain the largest percentage of the total variance with a large number of original variables. This means the items of the scale will be summarize in a small number of main factors, where each factor includes a number of items which are the most correlated. At the same time, those components aren't correlated with each and are expressed in the form of linear functions of the original variables.

It is interesting, that the analysis of the main components has been focused on the amount of variation in the set of variables, in order to demonstrate the importance of vagina narrowing operation for women as a result of repeated reproduction, which reduce the impact of these dimensions that affect badly on the social and psychological situation of women within the family.

I. Results of the analysis to the impact of the social dimensions:

The KMO (Kaiser Meyer Olkin) test and Bartlett's test were used to examine the appropriateness of data to the factor analysis before used it, and the results of tests showed by the following table:

Table (13): KMO and Bartlett's Test for examining appropriateness of the social dimensions of Factor Analysis

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.735
Bartlett's Test of Sphericity	Approx. Chi-Square	513.6
	Df	45
	Sig.	0.000

Note: * Chi-square significant at the level of P-value < 0.05.

The KMO test in the above table is used to examine the adequacy of the sample by identifying the percentage of variation in the original variables of the current study, which represents the covariance, as result to construction of the main factors through factor analysis. And also, to test that the partial correlations coefficients between the original variables involved in the factor

analysis are small. Generally, whenever the value of a statistic test high and very close to the one, it indicates that the use of factor analysis be valid and useful for using with the data of current study. While when the value is less than 0.50 the opposite is true. So, the results of value of KMO test illustrated the appropriateness of factor analysis to the nature of data , where the value of a statistic test is 0.754, and a high-value very close to unity.

The Bartlett's test indicates whether the correlation matrix of the variables of the study is singularity matrix or not. This means examination of a relationship between the variables of the study used in the factor analysis by examining the level of significant. The findings showed the value of Chi-Square (586.5) at the level of p-value less than 0.05, indicating a significant relationship between the variables of the study used in the factor analysis, and appropriateness of data for analysis through this method. Thus, the results of each of the KMO test and Bartlett's test indicates to the appropriateness of the variables used and the nature of the data to the factor analysis, and the results of this analysis are showed in the following table:

Table (14): Eigenvalues, total variance explained, and components extracted of the factor analysis of the dimensions affecting the level of the social situation of women achieved as result to vagina expansion after reproduction

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.081	30.814	30.814	3.081	30.814	30.814
2	1.453	14.534	45.348	1.453	14.534	45.348
3	1.124	11.241	56.589	1.124	11.241	56.589
4	1.064	10.635	67.224	1.064	10.635	67.224
5	.746	7.457	74.681			
6	.648	6.478	81.159			
7	.546	5.460	86.619			
8	.520	5.201	91.820			
9	.423	4.229	96.050			
10	.395	3.950	100.000			

Extraction Method: Principal Component Analysis.

It appears from the results in table (14) extracting the four main components have a important role in the interpretation of the largest possible amount of total variance which its Eigenvalues were greater than one according to principal components method. The four components extracted from the analysis can explain combined together 67% of the total variance in the total level of bad social situation of women achieved as result to the expansion of the vagina, only the first principal component explains the highest percentage of variance about 31% of the total variance in the dependent variable, which indicates that it has the greatest impact to determine the bad social impact of women as a result of the expansion of vagina, followed by the second main component in terms of the bad influence where explains about 14% of the total variance.

While the third component explains 11%, and the fourth component explains about 10% of the total variance. And social dimensions achieved to the women in the light of the expansion of vagina, which belong to the four main components or factors extracted through principle components method, and outlined in the above table, is determined their affiliation to one of these components basis on the strength of the correlation coefficient between each dimension and all components, where the dimension belongs to the component most correlated, and at the same time has a low correlations with other main components. As illustrated that by the following table:

Table (15): Loadings of components extracted (correlation coefficients) with the most important dimensions used to measure the social status of women with vaginal expansion

X	Social Dimensions affecting women due expansion of the vagina	Component			
		1	2	3	4
1	Quarrels, harassment, and family disputes.	.712	.084	-.312	-.188
2	Sexual intercourse and a sense of malaise by the husband.	.705	.172	-.006	.188
3	Prevented you from the family visits by the husband, especially for your family	.704	.115	.091	-.151
4	Exposure to severe ill-treatment by the husband, which sometimes up to the violence.	.626	.319	.173	.211
5	Domination husband and the imposition of his control within the home more than before	-.029	.863	-.230	.061
6	Trend or desire of the husband to marry again or already married as result above effect	.349	.730	.153	-.034
7	Distanced husband from good conversation and caressing, different than he was before.	.337	.589	.214	-.165
8	Poor economic participation by the husband to carry the burdens of the family	-.304	-.096	.801	.188
9	Avoid your participation in Decision-making within the family	-.385	-.051	.738	.195
10	Lack of your participating in family development and improving living conditions, such as performance's work, communicated with others..etc	.025	-.045	-.012	.937

Extraction Method: Principal Component Analysis. (4 Components extracted)
Using Rotation Method of Varimax with Kaiser Normalization.

The findings of table (15) indicates that the social dimensions of the numbers (1, 2, 3, 4), respectively are the most correlated with the first component, and therefore are classified with this component where it has the greatest impact in determining the level of social situation bad of women in the light of the vagina expansion, and the social dimensions of the numbers (5, 6, 7), respectively are the most correlated with the second component, hence are classified with this component which follows the first component in the impact and importance. Likewise, the social dimensions of the numbers (8, 9) respectively are classified with the third component which follows both of the first and second component in the impact and importance. Also, the social dimension number (10) are classified with the fourth component.

Consequently, the results of factor analysis showed that it reduced the number of variables (social dimensions) in four main components which explain a cumulative percentage of variation is 67% of the total variance, and these main component can be formulated in form of the equations as follows:

The equation of the first component (F₁) is:

$$F_1 = e_1z_1 + e_2z_2 + e_3z_3 + \dots + e_{10}z_{10}$$

Where: (e₁ e₂ e₃..... e₁₀) is the eigenvector corresponding to the Eigenvalues (λ₁) of the first component, which amounts to (3.081), and each value of this eigenvector's values can be obtained from the following formula:

$$e_{xi,F1} = r_{xi,F1} / \sqrt{\lambda_1}$$

Whereas:

- (r_{xi,F1}): Denote to a correlation coefficients between the first component (F₁) and the values of original variables(X_i) which represents the social dimensions, as reflected in table (15).
- (λ₁): Denote to the eigenvalue of the first component, it represents a percentage of the variance of the total variation in the dependent variable which is explained by each component, and the total of eigenvalues are equal to the number of variables involved in the factor analysis (David G., 1978).

- $(e_{xi,F1})$: Denote to values of eigenvector of the first component. is a fixed values that represents the factor loading and whenever the values of $e_{xi,F1}$ are very close to zero, Whenever indicated that a weak relationship between the variable X_i (denote to the social dimension i) and the first main component (F_1). and the opposite is true when the values $e_{xi,F1}$ are large (positive or negative), this means that the variable X_i (denote to the social dimension i) can be determined by the first component (F_1). And thus the basic equation for estimating the value of the first main component is as follows

$$F_1 = 0.41z_1 + 0.40z_2 + 0.40z_3 + \dots + 0.01z_{10}$$

The equations for the remaining components:

Similarly, to estimate the values of other main components where the eigenvalue of the second component (λ_2) is equal (1.453) , and for the third component (λ_3) is equal (1.124), while the fourth component (λ_4) is equal (1.064), so the main equations as follows :

$$F_2 = 0.06z_1 + 0.12z_2 + 0.08z_3 + \dots - 0.03z_{10}$$

$$F_3 = -0.28z_1 - 0.01z_2 + 0.08z_3 + \dots - 0.01z_{10}$$

$$F_4 = -0.18z_1 + 0.18z_2 - 0.14z_3 + \dots + 0.88z_{10}$$

It has been obtained for these equations to the rest of the main components through what we did above with the first main component.

In general, it is better that every variable of the original variables (the dimensions of measuring the level of the social situation of women resulting from the expansion of the vagina) is correlated strongly with one of the main components, and at the same time has a weak correlation with the other main components, because this makes the components and the social dimensions more easily determined and interpreted.

II. Results of the analysis to the impact of psychological dimensions:

Both KMO (Kaiser Meyer Olkin) test and Bartlett's test were used to examine the appropriateness of data to the factor analysis before used it. The results of these tests showed through the following table:

Table (16): KMO and Bartlett's Test for examining appropriateness of the psychological dimensions of Factor Analysis

Kaiser-Meyer-Olkin (Measure of Sampling Adequacy)	0.754
Bartlett's Test	Approx. Chi-Square
	586.5
	Df
	45
	Sig.
	0.000

Note: * Chi-square significant at the level of P-value < 0.05.

The results of KMO test and and Bartlett's test in the table (16) indicates to the appropriateness of the variables used and the nature of the data to the factor analysis, and the results of this analysis are showed in table (17). It appears from the results in table (17) extracting the three main components have a important role in the interpretation of the largest possible amount of total variance which its Eigenvalues were greater than one according to principal components method. The three components extracted from the analysis can explain combined together about 58% of the total variance in the overall level of bad psychological situation of women achieved as result to the expansion of the vagina. As the first principal component only explains the highest percentage of variance about 32% of the total variance in the dependent variable, which indicates that it has the greatest impact and influence to determine the bad psychological impact of women as a result of the expansion of vagina, followed by the rest of other main components in the influence.

Table (17): Eigenvalues, total variance explained, and Components extracted of the factor analysis of the dimensions affecting the level of the psychological situation of women achieved as result to vagina expansion after reproduction

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.256	32.558	32.558	3.256	32.558	32.558
2	1.275	12.755	45.313	1.275	12.755	45.313
3	1.224	12.244	57.556	1.224	12.244	57.556
4	.991	9.913	67.469			
5	.704	7.038	74.507			
6	.666	6.655	81.162			
7	.618	6.180	87.342			
8	.599	5.995	93.337			
9	.416	4.157	97.494			
10	.251	2.506	100.000			

Extraction Method: Principal Component Analysis.

And psychological dimensions achieved to the women in the light of the expansion of vagina, which belong to the three main components extracted through principle components method, and outlined in the above table, is determined their affiliation to one of these components basis on the strength of the correlation coefficient between each dimension and all components. As illustrated that by the following table:

Table (18): Loadings of components extracted (correlation coefficients) with the most important dimensions used to measure the psychological status of women with vaginal expansion

X	Psychological Dimensions affecting women due expansion of the vagina	Component		
		1	2	3
1	Feeling of despair and depression as a result of husband away about the intercourse.	.753	.299	-.118
2	Poor relationships to others within and outside family such as friends and work's colleagues	.719	.110	.047
3	Frequent visiting a doctor of gynecological without the necessity to do that.	.684	-.241	.354
4	Non feeling of euphoria or satisfy instincts of female during sexual intercourse.	.569	.271	.248
5	Feeling always, the need for narrowing of the vagina to gain satisfying of her husband.	.551	.366	.012
6	Non self-confidence and inability to do anything within or outside the home (such as work)	.011	.858	.197
7	Feeling of inferiority when talking with others of friends or family members.	.353	.669	-.130
8	Non feeling of security and stability within family, as it was ever before.	.208	.597	.304
9	Physiological disturbances such as your menstrual cycle and other women's diseases..etc.	-.042	.053	.832
10	Desire to quarrels with the spouse and kids and inability to endure less something facing.	.179	.167	.628

Extraction Method: Principal Component Analysis. (3 Components extracted)
Using Rotation Method of Varimax with Kaiser Normalization.

The findings of table (18) indicates that the psychological dimensions of the numbers (1, 2, 3, 4,5), respectively are the most correlated with the first component, and therefore are classified with this component, and the psychological dimensions of the numbers (6, 7, 8),

respectively are the most correlated with the second component, hence are classified with this component which follows the first component in the impact and importance. As the psychological dimensions of the numbers (9, 10) respectively are classified with the third component which follows both of the first and second component in the impact and importance.

Based on the eigenvalues of the three main component extracted by the factor analysis, these main component can be formulated in form of the equations as follows

$$F_1 = 0.42z_1 + 0.40z_2 + 0.38z_3 + \dots + 0.10z_{10}$$

$$F_2 = 0.26z_1 + 0.10z_2 - 0.21z_3 + \dots + 0.15z_{10}$$

$$F_3 = -0.11z_1 + 0.04z_2 + 0.32z_3 + \dots + 0.57z_{10}$$

Generally, the findings indicates that each dimension of measuring the level of the psychological of women resulting from the expansion of vagina is correlated strongly with one of the main components, and then it become more easily to interpret with this component.

Thus, we find that in the light of factor analysis results that social and psychological situation of women need to be many ways that lead to improving the social and psychological situation of women in order to push has taken rapid steps towards development and community participation, this payment comes through the use of all available means to achieve this, which including the importance to conduct a surgery to narrow the vagina, especially after reproduction that help to reduce the impact of these dimensions of women within the family.

Conclusions:

Based on the results of analysis, the following are the main findings implications drawn:

- The study proved the importance of a surgery of the vagina narrowing for women after each reproduction to reduce the degree of the bad influence of the social and psychological situation of women, and considered one of the factors that contribute to the strengthening of reproductive and sexual health for women, and this in turn ensures stability of family.
- The study showed a strong correlation between bad social and psychological situation of women in the light of the vagina expansion and between the number of children within the family as the correlation coefficient amounted about 0.89, then followed by number of marriage years where the correlation coefficient amounted about 0.68, which reflects the severity of the bad influence of the number of children and the years of marriage of women in the light of the frequent births of women without conducting vagina narrowing operation.
- The chi-square tests showed that there is a significant association between region type with almost most of the selected background characteristics of married woman who conducted a surgery to narrow the vagina. This operation increases in urban areas and among married women in higher age groups.
- The results showed that there are significant differences in reducing the bad influence to the social and psychological situation of women as resulting from conducting the surgery of narrowing vagina according to some demographic factors such as number of marriage years, number of children, women's age and resistance. as the results indicates that women who had a small family, number of children equal two or less, the age less than 25 years and lived in urban were Less affected by bad social and psychological factors than other women.
- There are significant differences in reducing the bad influence to the social and psychological situation of women as resulting from conducting the surgery of narrowing vagina according to some social factors such as education, rank of the wife and responsibility decision of reproductive. Moreover, the women who is educated were less affected by bad social and psychological circumstances than other women who were illiterate.
- There are significant differences in reducing the bad influence to the social and psychological situation of women as resulting from conducting the surgery of narrowing

vagina according to some economic factors such as women's working, and monthly income. This means that the worked women and had monthly income over 2000 L.E were the best compared to other women.

- There are large differentials in reducing the bad influence to the social and psychological situation of women as resulting from conducting the surgery of narrowing vagina according to some medical factors such as Method of delivery and Location of the delivery. Furthermore, the women who had a natural birth were better than who had a cesarean birth, As the women has a private doctor was the best with respect to the bad influence of social and psychological factors together compared to any other Location of the delivery.
- The results demonstrated the most important dimensions affecting in determining the overall variation in the level of social status bad of women achieved due to a expansion of vagina, which constitute impediments to the social development of women within the family, and indicates that the results of factor analysis using the principal components method resulted to extract the four main components combined together, explain 67% of the total variance, as follows:
 - The first main component: was the highest adverse impact on the social situation of women in the light of the vagina expansion which had a higher percentage of interpretation than other components about 31% of the variation in the total level of the social situation of women. There were four social dimensions had the highest correlated and influenced with this component, which are respectively according to the strength of their correlation coefficients as follows: "Quarrels, harassment, and family disputes" ($r=0.71$), then "Sexual intercourse and a sense of malaise by the husband" ($r=0.70$), then "Prevented you from the family visits by the husband, especially for your family" ($r=0.70$), finally "Exposure to severe ill-treatment by the husband, which sometimes up to the violence" ($r=0.63$).
 - The second main component: it explains 14% of the total variation, and there were three social dimensions had the highest correlated and influenced with this component, which are respectively according to the strength of their correlation coefficients as follows: "Domination husband and the imposition of his control within the home more than before" ($r=0.86$), then "Trend or desire of the husband to marry again or already married as result above effect" ($r=0.73$), finally "Distanced husband from good conversation and caressing, different than he was before" ($r=0.59$).
 - The third main component: it explains 11% of the total variance, where there were two social dimensions influenced through this component, which are respectively according to the strength of their correlation coefficients as follows: "Poor economic participation by the husband to carry the burdens of the family" ($r=0.80$), and "Avoid your participation in Decision-making within the family" ($r=0.73$).
 - fourth main component: it explains 10% of the total variance, and there was one social dimension influenced through this component as follows: "Lack of your participating in family development and improving living conditions, such as performance's work, communicated with others..etc" ($r=0.93$).
- The results of factor analysis indicated to the most important dimensions that influenced in determining the variation of the total level of psychological situation bad of women achieved due to the expansion of vagina, where has extracted three main components combined explain about 58% of the total variance through these dimensions, as follows:
 - The first main component: was the highest adverse impact on the psychological situation of women with the vagina expansion which explains about 32% of the total variation. And there were five social dimensions had the highest correlated and influenced with this component, which are respectively according to the strength of their correlation coefficients as follows: "Feeling of despair and depression as a result of husband away

about the intercourse" ($r=0.75$), then "Poor relationships to others within and outside family such as friends and work's colleagues" ($r=0.71$), then "Frequent visiting a doctor of gynecological without the necessity to do that" ($r=0.68$), then "Non feeling of euphoria or satisfy instincts of female during sexual intercourse" ($r=0.57$), finally "Feeling always, the need for narrowing of the vagina to gain satisfying of her husband" ($r=0.55$).

- *The second main component*: it explains about 13% of the total variation, and there were three psychological dimensions had the highest correlated and influenced with this component, which are respectively according to the strength of their correlation coefficients as follows: "Non self-confidence and inability to do anything within or outside the home" ($r=0.86$), then "Feeling of inferiority when talking with others of friends or family members" ($r=0.67$), finally "Non feeling of security and stability within family, as it was ever before" ($r=0.60$).
- *The third main component*: it explains 12% of the total variance, where there were two psychological dimensions influenced through this component, which are respectively according to the strength of their correlation coefficients as follows: "Physiological disturbances such as your menstrual cycle and other women's diseases..etc" ($r=0.83$), and "Desire to quarrels with the spouse and kids and inability to endure less something facing" ($r=0.63$).

Generally, The finding of the study enhance the understanding of the impact of conducting a surgery of vagina narrowing for women to support their social and psychological situation within the family, and this in turn leads to ensure their effective participation in sustainable development of society. Moreover, this research reflects the impression of medical attention to provide all the means of marital happiness within the household to reduce family problems, which leads many times to the divorce and family disintegration or destroying the family due to the poor sexual relations between spouses and lack of understanding of ways to improve them, and this in the context of medical care to serve the community and meet all needs sexuality. Also, it is considered a good addition to strengthening the reproductive health of spouses.

Recommendations:

- Increasing awareness through health education programs to perform this operation immediately after the birth in health centers and family planning as one of the important steps in supporting sexual and reproductive health of women.
- Provide the necessary information to women about aspects of this operation and the profit to improve the social and psychological status within their families Through health publications issued by the ministry of health and population.
- Further studies to examine the family problems in the light of the lack of comprehensive sex education between the spouses and remedies for some practices.
- Encourage couples to adopt fewer children for contributing to reduce the threats to women of childbearing repeated and that the expansion of the vagina is one of these threats to family stability.

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