The unconsummated marriage: Causes and management

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Summary

Objective: To describe the characteristics of a group of couples with unconsummated marriages and highlight the usual causes and factors for successful management.

Material and Method: Couples seen at King Khaled University Hospital, Riyadh, Saudi Arabia, between the years 1996 and 2001 with inability to consummate their marital relationship.

Results: A total of 36 couples were seen during the 5-year period. Vaginismus was the primary cause in 63.9% of the cases, erectile dysfunction in 11.2%, severe premature ejaculation in 8.3%, low male sexual desire in 2.7%, and low female sexual desire in 13.9%. A significant correlation was found between the age of the females and low sexual desire and a significant correlation between consanguinity and low sexual desire in the males.

Conclusion: Dysfunction underlying non consummation of marriage is largely treatable. Adaptation to the situation usually occurs, and associated factors add to the primary cause. Treatment of the underlying dysfunction can challenge the relationship.

Key words: Unconsummated marriage; Vaginismus; Erectile dysfunction; Premature ejaculation.

Introduction

Unconsummated marriage refers to complete inability to experience penile vaginal containment. The usual presentation is either infertility or pain and difficulty with intercourse. Extreme hesitancy to disclose the non consummation of marriage is common due to shame, embarrassment and feeling of naivety. Given the emphasis placed by many societies on the act of intercourse as opposed to other ways of sharing sexual arousal and orgasm, this condition has been reported all over the world with a general title of sexual dysfunction. Additionally, many physicians face difficulty in assessing and managing such cases.

The purpose of this report is to describe the characteristics of a group of couples with unconsummated marriages and highlight the usual causes and factors for successful management.

Material and Method

The study population consisted of all couples seen at King Khaled University Hospital (KKUH), Riyadh, Saudi Arabia with inability to consummate their marital relationship between the years 1996 to 2001. Partners were seen at the gynecology clinic together or separately to assess the various contributing factors and both were seen in follow-up as treatment was implemented. Initial interview included the age, duration of marriage, whether the marriage was arranged or not, degree of consanguinity if present, the primary cause leading to presentation at the gynecology clinic, past medical history, drug history, history of alcoholism and detailed sexual history.

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Results

Thirty-six couples were seen at KKUH during the study period due to inability to consummate their marriages. The primary presentation was infertility in 70% of the cases and the rest presented with pain and difficulty at coitus. There were three cases referred from the psychiatry clinic but the rest presented primarily to the gynecology clinic. Table 1 shows the demographic characteristics of the couples. The average age for the females was 25.47 years ± 5.9 (range 17-39 years) and the average age for the males was 37.69 years ± 13.78 (range 22-75). The average duration of marriage was three months but the range was from three days up to seven years. None of the females had a history of previous marriages or pregnancy or previous sexual insults. Six of the males (16.6%) had a history of previous marriages and four (11.1%) had other current wifes than the presenting one. There were ten cases of arranged marriages (27.8%) and out of these six (16.6%) were marriages to cousins.

The various primary etiological factors leading to unconsumation of the marriage are summarized in Table 2.

Vaginismus

The term vaginismus refers to pain and difficulty with penile entry. This was the primary cause in 23 (63.9%) of the cases. Vestibulitis was present in nine cases (39.1%) of the women with this history. Initial treatment of vestibulitis is conservative which includes strict vulval hygiene and when relevant Candida albicans treatment. In three cases, recent fissures were present due to recurrent failed trials.

Of the treated cases, 65% had successful intercourse after sexual education of both partners and the use of lubricants, in addition to the traditional insert therapy with a series of conical vaginal inserts. Only one case (4.3%)

Table 1. — *Demographic characteristics of the couples with unconsummated marriages.*

Average age of the female partners (years ± S.D.)	26 ± 3.12
Average age of the male partners (years ± S.D.)	32 ± 6.51
No. of arranged marriages (%)	10 (27.8%)
No. of cousin marriges (%)	6 (16.6%)
No. of husbands with other wives (%)	4 (11.1%)

Table 2. — *Causes of the unconsummated marriages at KKUH.*

Causes	Number (%)
Vaginismus	23 (63.9%)
Erectile dysfunction	4 (11.2%)
Severe premature ejaculation	3 (8.3%)
Low male sexual desire	1 (2.7%)
Low female sexual desire	5 (13.9%)

needed a surgical approach in the form of hymenotmy and introital dilatation under general anesthesia.

There were additional contributing factors in the rest of the cases of vaginismus including erectile dysfunction, severe premature ejaculation, low female drive, and there was only one case (4.3%) that needed psychological consultation and management.

Erectile dysfunction

Erectile dysfunction was the primary cause of non-consumation in four cases (11.2%). A proper history indicated that two had chronic diseases including diabetes and hypothyroidism. There was one alcoholic and in one case no cause was found even after urological assessment. On further questioning, it was noted that it was situational erectile dysfunction following repeated failed attempts at vaginal entry due to introital pain. In this case the mainstay therapy was by continuous support and encouragement to focus on mutual pleasure giving, and treatment of vaginismus in the female partner.

Severe premature ejaculation

This was the primary cause in three cases (8.3%). This dysfunction which is usually life-long was treated by traditional behavioral techniques in addition to medical treatment after referral to the urology clinic.

Low male sexual desire

There was only one case (2.7%) of an arranged cousin marriage which was associated with a continuous state of non-consummation and low sexual desire in the female partner as well.

Low female sexual desire

There were five cases (13.9%) of low female sexual desire as the primary cause of non-consummation. An arranged cousin marriage was one of these while in the other cases the husband had other wives. Two of them needed psychiatric consultation for depression and consummation was achieved after anti-depressant therapy. Only one case ended in divorce.

Statistical analysis

SPSS Version 10 was used for descriptive analysis. Pearson's correlation was carried out between variables and is shown in Table 3; a p value of 0.05 was considered to be statistically significant. There was a statistically significant correlation between the age of the female partners and low female desire ($p = 0.013$), and a statistically significant correlation between low male desire and consanguinity ($p = 0.023$).

Table 3. — *Pearson's correlation between causes of unconsumated marriages and ages of the couples and consanguinity.*

Causes of unconsumated marriages	Age of the female partner	Age of the male partner	Consanguinity	Arranged marriage
Vaginismus	p = 0.423	p = 0.521	p = 0.452	p = 0.453
Erectile dysfunction	p = 0.717	p = 0.592	p = 0.06	p = 0.385
Premature ejaculation	p = 0.074	p = 0.517	p = 0.433	p = 0.165
Low male desire	p = 0.354	p = 0.321	p = 0.023*	p = 0.134
Low female desire	p = 0.013*	p = 0.182	p = 0.835	p = 0.593

* Statistically significant.

Discussion

Dysfunction underlying non consummation of marriage is largely treatable as the major cause is vaginismus. The primary cause for seeking medical advice was infertility, mainly due to the extreme social pressure. The initial assessment usually starts with the female partner and is limited to visual inspection of the vulva. After treating the contributing factors for vaginismus, attempts for deeper bimanual examination and cervical inspection can be done. Once the insert therapy is initiated, successful intercourse usually follows. None of the cases had any history of previous sexual insults either as adults or during childhood. Early reports suggest that biofeedback therapy in an attempt to modify the increased but unstable introital muscle tone and allow voluntary contraction and relaxation is associated with healing of the vestibulitis [1]. Sexual dysfunction in the male partner has to be excluded if the problem persists. Currently, many treatment modalities are available for cases of erectile dysfunction and premature ejaculation such as Sildenafil and Tadalafil [2-4] with variable degrees of success.

Marriage customs in Saudi Arabia are unique to the culture and there is a conservative attitude towards sexuality and sexual function. The rate of consanguinity has been reported to be 57.7% in Saudi Arabia [5], but in our study this did not seem to have a significant contributing role to the problem of unconsummated marriage as only 16.6% were marriages to cousins. Although consanguinity was correlated with low male sexual desire ($p = 0.023$), it had no significant correlation to other causes of unconsumated marriages.

Interestingly, of all the cases of low female sexual desire four (11.1%) were reported to be with husbands having other current wives amounting to 80% (4 out of 5) of this group. Three cases only needed psychiatric con-

sultation (8.3%), there was only one case of alcoholism (2.7%) and none of the females had a history of previous sexual insults. Additionally, all our cases presented to the gynecology clinic, although for such a problem couples might present to other facilities such as psychiatry, primary care, urology, or accident and emergency on the night of the marriage or the marriage might have ended in a divorce without medical consultation.

Pregnancy has been reported after self injection of the partner's semen at home using a syringe and it has been associated with marked increase in confidence. There is hope and further progress in the treatment of cases of vaginismus and some erectile dysfunction cases [5], although postpartum vestibulitis has been described [6]. None of the couples in our study tried this approach, although there was pressure from one of the couples to have either intrauterine insemination or in vitro fertilization under general anesthesia to achieve pregnancy, but this was not performed.

In cases of prolonged unconsumated marriages, adaptation to the situation usually occurs and associated factors add to the primary cause of non-consummation such as low male or female desire and erectile dysfunction. Treatment of the underlying dysfunction can challenge the relationship as there was one case of divorce in our study (2.7%). Clearly, earlier recognition of a couple's inability to experience intercourse is needed.

It has been reported that lack of knowledge of sexual matters and a conservative attitude towards sexuality are associated with sexual dysfunction [5, 7], but this was not found to be a contributing factor in our study.

Our awareness of these facts requires a readiness to enquire sensitively into the history of such couples. Knowing the likely underlying diagnosis we can gently offer possible reasons to the couples for the non- consummation and help in the treatment.

Confidentiality is of great importance in such cases as in most of them the true cause will be discovered only after a few visits and after building a bridge of trust with the couple.

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