

# Unconsummation of Marriage

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Dear Sir,

Unconsummation of marriage is not an uncommon problem in sexology clinics in a country like India where the values of culture have a predominant role in the society, which is revealed by the flow of cases in Indian courts of law.<sup>1</sup> Most of the times, these pose a lot of difficulty in managing this problem. Previous sex experiences, misconceptions, faulty positions, vaginismus on the part of women, and ignorance of either partner or both are some of the reasons for this problem. Unless the root cause has not been identified, it is very difficult to treat this problem. The longer duration of unconsummation makes this problem worse and difficult to resolve.<sup>2</sup> Meticulous history taking (Individual's concern, sexual activities, sex abuse, experience before marriage, and the attitude of the patient and the partner on the day of nuptial and thereafter). All these problems are elaborated subsequently under the sub heading of 'Approach to the Problem'.

The inability or failure of successful peno-vaginal penetration after marriage is considered as unconsummation of marriage.<sup>3</sup> Unconsummation is unheard among homosexuals and also in the animal kingdom. Likewise, it is not as common in other countries as in India. Under Section 12 of the Matrimonial Causes Act, 1973, a refusal or inability to consummate a marriage is a ground of annulment in England and Wales<sup>4</sup> and in Philippines.<sup>5</sup> It is influenced by social, emotional, and cultural factors.<sup>6</sup> Nearly 15 percent of couples have difficulty in consummation.<sup>3</sup> Unconsummation of marriage leads to anxiety, depression, marital disharmony, and suicidal tendencies. If left untreated or not interfered, it will lead to marital disharmony, separation, divorce, nullity of marriage,<sup>7</sup> and infertility. This problem has to be addressed as early as possible after marriage. If not, it will be difficult to manage. Longer the duration of unconsummation, the problem becomes tough to treat, and becomes deep-rooted as the individuals start believing that they have some problem which cannot be corrected, and the spouse starts believing that the other partner is not fit to be a spouse.<sup>2</sup> Moreover, wives or husbands will no longer be cooperative, and the family members will make the situation worse either by their suggestions or by their comments.<sup>2</sup> Counseling is sometimes needed for the family members also. With longer duration of unconsummation, the husband or wife starts lying to their

spouse and also to the counselor to hide their "so-called" inefficiency, which they assume to have. So, this problem has to be addressed within six months following the marriage in case of unconsummation, otherwise the partner will lose hopes and trust.

## Pathology

The process of consummation or nuptial in a marriage is a complicated process. Unlike other animals, sexual behavior in human beings is the outcome of "learning and conditioning."<sup>8</sup> Moreover, sex being a very private issue and considered a taboo, there is hardly any opportunity for learning about intercourse. Therefore, there is ignorance about sex, and myths and misconceptions about sexual act prevail.

Males as an active partner and females as a willing partner have to complete the sexual intercourse process successfully. Anything that affects the confidence of the male individuals or the unwillingness of the female partners is the primary reason for unconsummation. In India, behind any arranged marriage, there are lots of virtual spectators behind the wall of nuptial room and this has influence on the couple, making them nervous and embarrassed. An indirect social pressure poses performance anxiety among the couple which results in pressure rather than pleasure.

## Etiology

90% of the cases of unconsummated marriage in a sexual medicine clinic are because of a male partner's problem or is believed to be because of a male partner.

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### Male Factors

1. Myths and misconceptions about the size of the organ, nocturnal emissions, complex about masturbation, degree of erections, false belief about the preciousness of semen, concentration of semen, ejaculatory timings, etc.
2. Reinforced by comments of friends, relatives, media and online websites, and media
3. Premarital sexual experience, failures because of anxiety and the comments from the experienced women during such instance
4. Lack of knowledge and ignorance, poor orientation because of lack of friends or low IQ
5. Disliking of partner or feeling inferior in front of the partner with regard to physique, wealth, education, job, stature, or power
6. Forced marriage
7. Faulty position (mostly leg-stretched position)
8. Premature ejaculation (before insertion)
9. Failure of first attempt to insert and darkness
10. Venerophobia or HIV phobia
11. Genital vitiligo
12. Halitosis, body odor, and unhygiene
13. Poor self-esteem

### Female Factors

1. Disliking, appearance
2. Forced marriages or affairs with somebody else
3. Body odor and halitosis, personal uncleanliness
4. Ignorance about sex, lack of knowledge, and poor information, aversion toward sex
5. Child sex abuse
6. Uncongenial family situations such as joint family, lack of privacy, gross difference between mother's house and in-law's house in facilities and habits
7. Personal conflicts between the couple
8. Faulty position causing pain during coitus
9. Vaginismus<sup>9,10</sup>
10. Rigid hymen, atresia of vagina (rare)
11. Aversion toward sex, genitals
12. Genital vitiligo and poor self-esteem
13. Poor orientation because of lack of friends or low IQ

Most often, the female factors do not come into light. Even with the above female factors, men are being blamed for the unconsummation of marriage as the society expects the man to complete the act of consummation.

### Approach to the Problem

It is very important to know and fix the exact reason for the problem. For this, one has to look into a very detailed history, tracking from before the marriage with regard to premarital fear about sex, uncleared doubts, misconceptions, etc. (sometimes even from childhood to rule out child sex abuse) and up to the first-night experience during nuptial or about the night on which he failed in completing the coitus. The details about the first attempt of insertion (if any), with regard to sexual posture and the presence of lighting, pain during any attempt of insertion for the individual or to the partner have to be elicited. The response of partner's attitude (response in words and by action), foreplay, and feeling during foreplay for both are to be enquired.

Pain during sex or during the attempt for sex among the individuals, child sex abuse, tendency toward same sex partner and premarital affairs and/or sex experience (if any), and also about premature ejaculation before the marriage are some of the points to be elicited in the history.

### Examination

1. General appearance, height, and weight
2. Signs of hormonal abnormalities
3. Absence of secondary sexual characters
4. Signs of chromosomal abnormalities
5. Presence of phimosis, hypospadias, cryptorchism, size of penis and testes, presence of smegma in men
6. Nature of hymen, any injury to external genitals, inflammation, etc. in women

### Management

From all these points from the history and examination, we have to arrive at the exact reason for their unconsummation and plan our management accordingly. The attempt for nuptial started after a week or later is not normal. Their problems have to be solved with adequate explanation in simple language and reasoning. Both the partners have to come for the treatment.

1. Counseling
2. Sex education
3. Postural advice with pictures
4. Encouraging words
5. Sensate focus
6. Anxiolytics
7. Nutroceuticals
8. PDE5 inhibitors (regular and on demand)
9. Lubricant creams
10. Emphasis on lighting, privacy, and foreplay

The normal partner also should be encouraged that their spouse's problem is minor and can be solved easily so that they can also wait and have trust on their partner. Positive aspects have to be stressed as high priority to regain their confidence level. Abstinence from sex has to be strictly implemented till both of them regain their confidence level. Each act of failures will adversely affect their esteem and delay the success.

With all these measures, good success rates can be achieved in the cases of unconsummated marriages.

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