FEMALE SEX ORGANS

Note:- all the blue colored words are linked to web-sites in internet (except those with * mark)

I. EXTERNAL GENITALIA

Genitals vary from person to person. Different people's genitals are similar enough that they perform the same functions but different enough to be uniquely yours.

Most noticeable of the physical differences between adult females and males is the fact that male genitals are in full view, while the most important parts of the female external genitalia can be seen only if the woman spreads her legs wide.

The entire area of the external female genital anatomy is called the VULVA. You can look at your vulva by holding a mirror between your legs. The MONS, a name that comes from the Latin mons veneris means mound of Venus, the Roman goddess of love, is the area of fatty tissue that forms a soft mound over the pubic bone. The mons is covered by skin and pubic hair.

The LABIA MAJORA, or OUTER LIPS, extend from the mons to the anus. They cover the urinary and vaginal openings and are in turn covered by pubic hair. The LABIA MINORA, or INNER LIPS, are delicate folds of moist skin that lie inside the outer lips, although they can protrude beyond them. They extend from just above the clitoris to below the vaginal opening. They vary in size and form in each woman.

The CLITORIS is an exquisitely sensitive organ that lies just under the mons. It is covered by the inner lips which can be gently pushed back to reveal the tip (the head or glans). The rest of the clitoris can be seen because it extends inside the body. The clitoris is extremely sensitive to stimulation and when stimulated it becomes erect. Although direct stimulation of the tip of the clitoris is pleasurable for some women it is uncomfortable and even painful for others. The URINARY OPENING is just under the clitoris. It is the outer part of the urethra, the tube from the bladder.

The VAGINAL OPENING is located behind the urinary opening. During sexual stimulation erectile tissue on both sides of the vagina become engorged with blood. The whole area becomes moist. The pelvic muscles contract and relax during orgasm. One- to two-thirds of the vaginal opening is covered with the HYMEN until this is broken by intercourse or penetration or another object or even bicycle or horseback riding.

The VAGINA lies between the urethra and the rectum. Unless a woman is sexually stimulated the walls

of the vagina touch each other. When a woman is sexually aroused a slippery liquid is produced and the vagina opens, or enlarges. The vagina can open as much as to facilitate the passage of a baby, therefore there is no such thing as a penis too large for a woman's vagina.

Woman's vulva's structure explained in this video *

II. Guide to the Female Reproductive System

A documentary video on female genitals *

The female reproductive system is designed to carry out several functions. It produces the female egg cells necessary for reproduction, called the ova or oocytes. The system is designed to transport the ova to the site of fertilization. Conception, the fertilization of an egg by a sperm, normally occurs in the fallopian

tubes. After conception, the uterus offers a safe and favorable environment for a baby to develop before it is time for it to make its way into the outside world. If fertilization does not take place, the system is designed to menstruate (the monthly shedding of the uterine lining). In addition, the female reproductive system produces female sex hormones that maintain the reproductive cycle.

What Parts Make-up the Female Anatomy?

The female reproductive anatomy includes internal and external structures.

The function of the external female reproductive structures (the genital) is twofold: To enable sperm to enter the body and to protect the internal genital organs from infectious organisms. The main external structures of the female reproductive system include:

- **Labia majora:** The labia majora enclose and protect the other external reproductive organs. Literally translated as "large lips," the labia majora are relatively large and fleshy, and are comparable to the scrotum in males. The labia majora contain sweat and oil-secreting glands. After puberty, the labia majora are covered with hair.
- **Labia minora:** Literally translated as "small lips," the labia minora can be very small or up to 2 inches wide. They lie just inside the labia majora, and surround the openings to the vagina (the canal that joins the lower part of the uterus to the outside of the body) and urethra (the tube that carries urine from the bladder to the outside of the body).
- **Bartholin's glands:** These glands are located beside the vaginal opening and produce a fluid (mucus) secretion.
- **Clitoris:** The two labia minora meet at the clitoris, a small, sensitive protrusion that is comparable to the penis in males. The clitoris is covered by a fold of skin, called the prepuce, which is similar to the foreskin at the end of the penis. Like the penis, the clitoris is very sensitive to stimulation and can become erect.

The internal reproductive organs in the female include:

- **Vagina:** The vagina is a canal that joins the cervix (the lower part of uterus) to the outside of the body. It also is known as the birth canal.
- **Uterus (womb):** The uterus is a hollow, pear-shaped organ that is the home to a developing fetus. The uterus is divided into two parts: the cervix, which is the lower part that opens into the vagina, and the main body of the uterus, called the corpus. The corpus can easily expand to hold a developing baby. A channel through the cervix allows sperm to enter and menstrual blood to exit.
- **Ovaries:** The ovaries are small, oval-shaped glands that are located on either side of the uterus. The ovaries produce eggs and hormones.
- **Fallopian tubes:** These are narrow tubes that are attached to the upper part of the uterus and serve as tunnels for the ova (egg cells) to travel from the ovaries to the uterus. Conception, the fertilization of an egg by a sperm, normally occurs in the fallopian tubes. The fertilized egg then moves to the uterus, where it implants to the uterine wall.

What Happens During the Menstrual Cycle?

Females of reproductive age (anywhere from 11-16 years) experience cycles of hormonal activity that repeat at about one-month intervals. (*Menstru* means "monthly"; hence the term menstrual cycle.) With every cycle, a woman's body prepares for a potential pregnancy, whether or not that is the woman's intention. The term *menstruation* refers to the periodic shedding of the uterine lining.

The average menstrual cycle takes about 28 days and occurs in phases: the follicular phase, the ovulatory phase (ovulation), and the luteal phase.

There are four major hormones (chemicals that stimulate or regulate the activity of cells or organs) involved in the menstrual cycle: follicle-stimulating hormone, luteinizing hormone, estrogen, and progesterone.

Follicular Phase

This phase starts on the first day of your period. During the follicular phase of the menstrual cycle, the following events occur:

- Two hormones, follicle stimulating hormone (FSH) and luteinizing hormone (LH) are released from the brain and travel in the blood to the ovaries.
- The hormones stimulate the growth of about 15-20 eggs in the ovaries each in its own "shell," called a follicle.
- These hormones (FSH and LH) also trigger an increase in the production of the female hormone estrogen.
- As estrogen levels rise, like a switch, it turns off the production of follicle-stimulating hormone. This careful balance of hormones allows the body to limit the number of follicles that complete maturation, or growth.
- As the follicular phase progresses, one follicle in one ovary becomes dominant and continues to mature. This dominant follicle suppresses all of the other follicles in the group. As a result, they stop growing and die. The dominant follicle continues to produce estrogen.

Ovulatory Phase

The ovulatory phase, or ovulation, starts about 14 days after the follicular phase started. The ovulatory phase is the midpoint of the menstrual cycle, with the next menstrual period starting about 2 weeks later. During this phase, the following events occur:

- The rise in estrogen from the dominant follicle triggers a surge in the amount of luteinizing hormone that is produced by the brain. .
- This causes the dominant follicle to release its egg from the ovary.

- As the egg is released (a process called ovulation) it is captured by finger-like projections on the end of the fallopian tubes (fimbriae). The fimbriae sweep the egg into the tube.
- Also during this phase, there is an increase in the amount and thickness of mucous produced by the cervix (lower part of the uterus.) If a woman were to have intercourse during this time, the thick mucus captures the man's sperm, nourishes it, and helps it to move towards the egg for fertilization.

Luteal Phase

The luteal phase begins right after ovulation and involves the following processes:

- Once it releases its egg, the empty follicle develops into a new structure called the corpus luteum.
- The corpus luteum secretes the hormones estrogen and progesterone. Progesterone prepares the uterus for a fertilized egg to implant.
- If intercourse has taken place and a man's sperm has fertilized the egg (a process called conception), the fertilized egg (embryo) will travel through the fallopian tube to implant in the uterus. The woman is now considered pregnant.
- If the egg is not fertilized, it passes through the uterus. Not needed to support a pregnancy, the lining of the uterus breaks down and sheds, and the next menstrual period begins.

How Many Eggs Does a Woman Have?

During fetal life, there are about 6 million to 7 million eggs. From this time, no new eggs are produced.

The vast majority of the eggs within the ovaries steadily die, until they are depleted at menopause. At birth, there are approximately 1 million eggs; and by the time of puberty, only about 300,000 remain. Of these, 300 to 400 will be ovulated during a woman's reproductive lifetime. The eggs continue to degenerate during pregnancy, with the use of birth control pills, and in the presence or absence of regular menstrual cycles.

III. INTERNAL GENITALIA

Most of the female's reproductive system is inside her body. The two ovaries, which produce eggs and hormones, are each about the size of a grape (approximately 1 to 1 1/2 inches). At birth, each ovary contains approximately 200,000 immature eggs. Each egg is surrounded by a thin tissue envelope called a follicle. Each ovary is attached to one end of an ovarian ligament (a band of fibrous tissue) with the other end of each ligament is attached to the uterus.

One common misconception is that the ovaries are also attached to the Fallopian tubes (named after the

Italian anatomist who first described them). When an egg is released by an ovary, it must travel through one end of the Fallopian tube (about 4 inches long and about as thick as a piece of spaghetti) which is attached to the top area of the uterus. The other end of the Fallopian tube simply dangles near an ovary. The outer ends are formed somewhat like a funnel-shaped flower with finger-like extensions called fimbria. When an egg is released from an ovary, the fimbria wave about surrounding the ovary, and draw the egg into the Fallopian tube. This tube is lined with cillia, tiny hairline structures that also move. Conception occurs when an egg and sperm meet inside one of the Fallopian tubes, which is where the embryo begins to grow.

The UTERUS (also called the womb) is about the size and shape of a pear (about 3 inches long and 2 inches wide) but much flatter. It is made of muscle (the outer layer is called myometrium) and has a special inner lining (endometrium), which first builds up then leaves the body as menstrual flow in each reproductive cycle (when conception does not occur). If conception does occur, the fertilized egg travels through a Fallopian tube into the uterus, where it implants into the endometrium and uses the nutrients of the lining for the early stages of embryonic development. It is quite remarkable that the small uterus can expand over the course of nine months of pregnancy to accommodate a full-term newborn.

The bottom part of the uterus is called the cervix (latin name for neck). The cervix is connected to and protrudes into the upper end of the vagina. In the center of the cervix is a small hole, the os (meaning mouth in Latin), through which menstrual flow passes from the uterus to the vagina. It is also through the

os that sperm must swim from the vagina into the uterus and then into the Fallopian tubes to meet an egg. During labor, the os greatly enlarges (dilates) for passage of the newborn.

The vagina is a small tube (about 3 to 4 inches long) made of muscle and is covered on the inside walls with a mucus surface similar to the lining of the mouth; this surface produces vaginal lubrication. Unless a woman is sexually aroused, the sides of the vagina touch each other. When a woman becomes sexually aroused, the walls of the vagina produce a slippery liquid and balloon open so that a penis (or other object) will fit inside. It can open even further to permit the passage of a fully grown newborn.

If you are connected to internet *click here* to go to the web-site for Female reproductive system video explanation

IV. Ovarian follicles up to ovulation

The ovaries contain eggs stored in small pockets called follicles. A follicle is an egg cell surrounded by a layer of cells involved in egg maturation. These ovarian follicles are formed in the woman's body before birth.

Following puberty, every month, approximately 12 to 14 days after the first day of menstruation in a "typical" monthly cycle, one of these follicles reaches maturity and is released into the uterine tube in a process called ovulation.

Ovarian follicles following ovulation

After ovulation, changes continue to take place in the ovaries. The remaining follicular cells undergo structural and biochemical changes. They develop into the corpus luteum.

While the ovarian follicles produced estrogen, the corpus luteum produce both estrogen and progesterone.

Effect of progesterone

Progesterone is required for maintenance of the endometrial lining of the uterus where the blastocyst is implanted. If the released egg is not fertilized, the uterine lining is sloughed off, completing the monthly uterine cycle. Following the menstrual period, the ovarian and uterine cycles begin anew, with the development of an ovarian follicle, and the preparation of the uterus for blastocyst implantation.

V. The Uterus

(Womb)

The **uterus** (Figs. 1161, 1165, 1166) is a hollow, thick-walled, muscular organ situated deeply in the pelvic cavity between the bladder and rectum. Into its upper part the uterine tubes open, one on either side, while below, its cavity communicates with that of the vagina. When the ova are discharged from the ovaries they are carried to the uterine cavity through the uterine tubes. If an ovum be fertilized it imbeds itself in the uterine wall and is normally retained in the uterus until prenatal development is completed, the uterus undergoing changes in size and structure to accommodate itself to the needs of the growing embryo (see page 59). After parturition the uterus returns almost to its former condition, but certain traces of its enlargement remains. It is necessary, therefore, to describe as the type-form the adult virgin uterus, and then to consider the modifications which are effected as a result of pregnancy.

FIG. 1166ï¿½ Sagittal section of the lower part of a female trunk, right segment. *SM. INT.* Small intestine. (Testut.) (See enlarged image)

Female reproductive organs - explained in this Video *

V.Biology of Woman's Reproductive System

The reproductive system of a women is entirely internal. The vagina is the passage that leads from the outside of the body to the cervix, which is the opening to the uterus. The uterus is the muscular organ where a fertilized egg attaches and develops. It is about the size and shape of a pear, and is lined with a rich and nourishing mucous membrane called the endometrium

From the top of the uterus extend the fallopian tubes, which lead backward and downward to the ovaries. These are the two small sacs that contain the eggs. A woman is born with about 400,000 eggs. Each month during her reproductive years, usually only a single egg, or ovum, matures. The egg matures inside a follicle within an ovary. At midcycle, the egg is released from the follicle in a process called ovulation. The egg then enters and travels down one of the fallopian tubes toward the uterus. When the egg reaches the end of the fallopian tube, it is ready for fertilization by the man's sperm.

This sequence of events is controlled by monthly changes in a woman's hormone levels. To help understand the process a little better, it is important to understand the role of the menstrual cycle and the hormones involved

Menstrual Cycle

Hormones. The cycle is driven by two hormones:

- Follicle-stimulating hormone (FSH)
- Luteinizing hormone (LH)

Follicular Phase. On the first day of the cycle, when menstruation begins, the uterus sheds its lining from the previous cycle. During this phase, the pituitary gland, located at the base of the brain, releases two hormones, follicle-stimulating hormone (FSH) and luteinizing hormone (LH), which stimulate the ovary and cause follicular growth. The developing follicle secretes the hormone estrogen, which has several important roles in the body.

Ovulatory Phase. One of these roles results in midcycle changes in the cervical mucus about the time of ovulation. During the ovulatory phase, this abundant mucus is prepared to receive and nourish sperm from the man.

The ovulatory phase begins when the level of LH surges, causing the follicle to rupture and the egg to be released from the ovary. The fimbria of the fallopian tube sweep over the ovary and wave the egg into the fallopian tube.

Luteal Phase. After ovulation occurs, the luteal phase begins. During the luteal phase, the follicle that produced the egg becomes a functioning gland called the corpus luteum. The corpus luteum produces progesterone, which prepares the uterus with the rich lining needed for implantation.

> If intercourse has taken place and the egg meets with sperm in the outer end of the tube, conception may occur. The fertilized egg travels through the tube toward the uterus with the help of tiny hairlike projections called cilia, which sweep the egg along. Once inside the uterus, the embryo implants into the lining on about the 20th day of the cycle. The corpus luteum can sense the pregnancy and will continue to produce progesterone, thus preserving the uterine lining and pregnancy.

If fertilization does not occur, the ovum passes through the uterus, and the corpus luteum will cease to function on about Day 26. The uterus will then break down and shed its lining several days later, and the next menstrual period begins.

VI. Clitoral & Labial Size

For the avoidance of doubt the actual clitoris is marked on the tip with a dot, immediately below the 'V'. Four out of five women have a clitoris **smaller** than this!

Big Clitoris (very unusual) that looks good enough to eat, unless you're allergic to peanuts .... one in 500?

Women Have Them Too!

It may be hard for many to imagine why women should be concerned about the size and shape of their genitals. This is because we often do not envision women as having external genitals; everything is supposed to be inside their body and out of sight. Women have a vagina. This is what we are told in school and life. The fact that girls and women have a vulva is seldom mentioned. Only boys and men are supposed to have external genitals. What most people do not realize is women and girls do in fact have genitals that come in all shapes, colors, textures, and sizes.

As young girls, women may come to see their genitals as nothing more than a smooth dimple between their thighs. What is there is small, smooth, pink, and non-distinct. While the genitals of young girls do vary, they all look pretty much the same to the casual observer. (There are normal and healthy preadolescent girls who have very prominent labia and clitorises.) Young girls are not likely to know the vulva of their mother and other adult women often look much different from their own. Since pubic hair usually conceals the genitals of adult women, even if girls see adult women naked, they are likely to believe their genitals look the same. Not allowing girls to examine the genitals of their mother and other adult women, and by not permitting them to see pictures of vulvae can have a very negative affect on their self-image later in life.

Puberty: The Time of Change

During puberty a girl's genitals can undergo a major transformation. Before puberty the skin of the vulva is thin, and is easily injured and irritated. Even before noticeable breast development the tissues of the vulva start responding to increased hormonal levels by becoming thicker and larger. During puberty a girl's inner and outer labia, hood, clitoris, and hymen often increase markedly in size. Not only may the size of a girl's genitals change, but also their shape, color, and texture. Since pubic hair also starts growing at this time girls are less likely to be aware of these changes unless they go looking with a mirror or notice while exploring with their fingers. Even if a girl bathes with other girls she is not likely to be aware that they too have experienced the same changes. Girls and women after all are not usually permitted to play genital show and tell; mutual exploration is not unusual

among young girls. (Girls and women usually glance at the genitals of other girls and women when they have the opportunity, because of natural curiosity.) Following puberty, a girl's genitals may look nothing like they did during childhood.

If teenagers and women examine their genitals they may become concerned about these changes, feeling strange and perverse. They may feel they have deformed their genitals while masturbating, and as a result everyone who sees their genitals will know they masturbate. They may feel they are being punished for having sexual thoughts. It is for these reasons that girls and young teenagers should be made aware of these changes. They should know these changes are normal and necessary, to help improve their self-image. You do not want them to feel a need to hide their genitals.

Exploring Forbidden Territory

In years past women would never think of looking at or even touching their genitals. This was strictly the responsibility of a doctor. Their own genitals were off limits. Today, women are more comfortable with their bodies and are more likely to explore their genitals. When they explore their genitals they may not be happy with what they find. Women usually have an unrealistic expectation of how their genitals should look. Most anatomy books portray the female genitals as small and uniform. If the illustrations are in color, the vulva is usually shown as being uniformly pink. As a result, it is reasonable to believe that many women feel uncomfortable with the appearance of their genitals even if they feel comfortable about looking at them. This may have major repercussions on their sexuality. We tend to hide that which we are ashamed of and embarrassed by.

Since so many women do view their genitals with some degree of shame, they feel very uncomfortable with the idea of looking at photographs of other women's genitals. They feel such pictures, and people looking at them, are inappropriate.

The truth is, these photographs hold the key to helping women come to appreciate and understand the normal diversity of the female genitals. A woman can spend all day in a woman's locker room and never see a single vulva, as pubic hair usually conceals them from view. The only means most heterosexual women have of seeing other women's genitals is through photographs and video, because women are not likely to compare their genitals with their friends.

Wings of a Butterfly

The area that seems to concern many women is the shape, size, and color of their inner labia, labia minora. For many women, their inner lips are larger than their outer lips, labia majora. Many if not most women do not have the simple heart shaped labia shown in popular texts. The color of their labia may be brown or black, not pink. They may be thick and wrinkled versus thin and smooth. As the photographs and illustrations on this page clearly show, the inner labia come in a multitude of normal sizes and shapes. These photographs and illustrations more accurately demonstrate the natural diversity than perhaps any other source. Popular men's magazines do not usually show such diversity.

The concern over labial size and shape is perhaps greater for women of non-Caucasian races as most anatomy books are based on Caucasian ideals. Women and doctors are not likely to be aware of the fact that girls and women of one racial group originating in South Africa normally have distinctive labia minora that project up to four inches passed the labia majora. These girls and women may be seen as deformed, by themselves and their doctor. There appears to be an example of this on Dr. Alter's website. Labia that project beyond the outer labia are common and normal in all races of women, but it is not as common, being almost universal, as it is in these African girls and women. The amount of projection for all races of women can be up to a couple of inches when the labia are at rest, or more when the labia are spread open.

Rubber Girl!

The inner labia can be modified, as they have nothing in their structure to maintain their size and shape if they are distorted for any length of time. They are often very elastic and easy to stretch. Their internal structure is much like a sponge. If a woman happens to masturbate by pulling on her inner labia, she can cause them to become longer and thicker. A rare few actually desire larger inner labia and pull on them regularly, causing this result. Some have achieved this by piercing their inner labia and hanging small weights from inserted jewelry. Contrary to popular believe most girls or women's masturbation practices will not change the shape of their genitals, at least drastically. If a woman masturbates regularly she may develop larger blood vessels and erectile tissues, which will result in slightly larger genital structures. This is an indication of health not disease. Having large genital structures is not an indication of masturbation as some claim.

Mine are Bigger than Yours!

In some cultures, women with large inner labia were/are considered very attractive so girls and women took to the habit of intentionally making them larger. They may have started the practice as very young girls and continued it into adulthood. They often employed ritual masturbation, sometimes mutual, in pairs and groups. Some used a handful of grass to allow for a better grip on their labia. Others wrapped their labia around a piece of animal horn or a small stick. They also applied naturally occurring irritants to cause the labia to swell and increase in size. Others used symbolism, like applying the ashes of burned bat wings to their labia. In these societies labia minora four to six inches (10-15cm) in length were considered most desirable. These practices shocked the early European explores, who were often representatives of European religions, and were quickly eradicated or driven underground.

Estrogen Sensitivity

The labia minora are very sensitive to estrogen and exposure to increased levels can result in their enlargement and increased sensitivity. This may occur during pregnancy. This can become a very uncomfortable condition requiring a doctor's attention. Prescription drugs and creams can cause this. Most large labia occur as the result of genetics, not environmental causes.

How Big?

Dickinson reports having examined a woman's labia minora that measured 7.5cm (3 inches) each, 15cm (6 inches) tip to tip, when spread open, and achieved a length of almost 11.5cm (4.5 inches), 23cm (9 inches) tip to tip, when placed under moderate force. He further reports 5 cases that measured between 5 and 7.5cm (2-3 inches) when spread open. See the illustrations shown at the bottom of the page.

Size of the Labia Minora
Based on examinations of 2,981 women

Length	Number of Women	Percentage
0-2cm (0-3/4in)	2,613	87.7
2cm (3/4in)	146	4.9
3cm (1 1/4in)	170	5.7
4-5cm (1 1/2-2in)	32	1.1
5-6cm (2-2 1/3in)	20	0.7

As gathered by Bergh, presented by Dickinson.

Girls Aren't Supposed to Have One of Those!

It may shock many to learn that some normal and healthy genetic females have a penis, or at least a clitoris that looks like a penis. Actually, all females have a penis; we just prefer to call their penis a clitoris. While some object to this analogy, it is accurate from a sexual and biological perspective. A penis and clitoris are made up of the same tissues and function the same because they develop from the same fetal structure. In males, the penis is usually exposed to increased levels of androgens, one of which is testosterone, in the womb. This results in males having a more visible penis, but not necessarily a larger one. During part of their time in the womb, all females also have a very large clitoris, in proportion to the rest of their body, because of the sequence in which things develop. In the end, having a penis is not the sole privilege of men and boys, despite what society may dictate.

What a Cute Baby ???

As a result of genetics or having been exposed to increased androgens in the womb, some infant girls are born with a clitoris that looks much like a "penis," often to the dismay or embarrassment of her parents; not to mention the medical personnel. It is important to keep in mind she is still a normal and healthy "girl." She is not deformed or imperfect. Instead of reassuring the girl's parents that she is perfectly normal, doctors often cut the girl's clitoris off or surgically reduce its size, on the premise of correcting a mistake by nature. This is supposed to result in the girl growing up to be a normal and healthy adult woman, one who does not question her sexual identity. The truth is, even if her large clitoris is removed, she may still question her biological sex, as biological sex is the result of hormonal and genetic

imprinting. If she is actually a he, cutting off her "penis" will not change her true sex. A person's physical appearance may have no bearing on their true sex or sexual orientation, since male and female are physically slightly different versions of the same thing. A girl or woman may question the gender or gender role assigned her by society regardless of how her body looks. Parents should not consent to cosmetic surgery on or frequent examinations of the genitals of their children, of either sex. If there are no medical problems, there are no problems.

More than Meets the Eye!

The only real difference between a clitoris and penis is the average size of the portion we can see with our naked eyes. Three fourths of the clitoris is hidden from view. The average clitoris is about four inches in length, the same as a flaccid penis. Illustrations in the Anatomy area reveal the true size of the clitoris. The only other difference between the two is that the urethra of the clitoris does not extend all the way to the tip of the glans, as is the case even with some penises!

Measuring Up!

The visible portion of the clitoris of some girls and women measures up to about 2 1/2 inches (6.3cm) in length and nearly 1 inch (2.5cm) in diameter. When they are of this size, they look just like a penis. The only difference being a groove along the bottom side of the clitoris, where the urethra would be located on a penis. While urine may not travel out the tip of these large clitorises, they do look and function like a penis. These women, as well as women in general, are capable of experiencing erections, the sensation of having a "hard-on," producing ejaculate in their paraurethral glands, and even ejaculating. Women with large clitorises are even able to engage in intercourse, by inserting their clitoris into their partner's vagina or anus.

While the average clitoris is much smaller in size, it works just as well. The average clitoral glans is about one-quarter of an inch (6mm) in diameter and the body of the clitoris is three-quarters of an inch (19mm) in length. The portion of the clitoris that projects out from the pubic bone, and can be felt with your fingers, is then one inch in length (25mm) and a quarter of an inch in diameter. There are clitorises that are very small and hard to locate within the folds of the labia and hood. Others are completely hidden under their hood and cannot be seen, but may be felt. Regardless of size, clitorises are capable of giving women intense pleasure.

Will It Get Bigger?

The structure of the clitoris does not lend itself to change easily, as the result of mechanical forces. The masturbation habits of most women are not likely to affect the size of their clitoris, other than perhaps causing a slight increase in its size do to better blood circulation if they masturbate on a regular basis. Again, a sign of health not disease. Using unusual force, such as drawing increased amounts of blood into the clitoris with a vacuum pump on a frequent basis, can result in an increase in size as the vascular structures are slowly stretched and enlarged to accommodate the additional blood. There probably are not too many women who do this, but with the advent of the Internet this may change. Since the intial writing of this article, the Food and Drug Administration (FDA) has approved a clit pump for the treatment of female sexual dysfunction.

Idolized Clitorises

There are some references that indicate a large clitoris was also considered attractive among some cultures, so again girls and women engaged in practices to cause this result. The validity of these claims is somewhat in doubt, but seem likely. It is not known whether the clitoris was actually enlarged by these practices

or if the clitoris was more pronounced as the result of increased mobility caused by the stretching of the connective tissues. The clitorises of these women may have been more visible versus larger.

Androgen Sensitivity

The clitoris is very sensitive to androgens like testosterone. Prescription and non-prescription steroidal drugs can cause a woman's clitoris to increase in size. Some clitorises achieve a maximum length of about 2 1/2 inches (6.3cm), if steroids are taken for an extended period of time and depending on the age of the woman. Female athletes who take steroids to increase muscles mass and strength often experience this side affect. As do female to male transsexuals. Sometimes steroids are prescribed to treat other medical conditions, like lack of libido, causing this result, but usually to a lesser degree. The vast majorities of large clitorises are the result of genetics, not drugs as some presume, believing a giant sized clitoris cannot be natural.

Penis Envy?

While there is no evidence to support the claim that a bigger clitoris functions better, a few women do have a form of penis envy. As more women are learning that their clitoris is much like a small penis and capable of being much larger, some are expressing a desire to enlarge their clitoris. Perhaps in hopes that if it were larger it would function better and be easier for their partner and themselves to find and stimulate. A few women may even desire a little penis of their own, even if they are happy being a feminine woman. In addition, if a woman feels better about the size of her clitoris, she is likely to be more sexual and more sexually responsive having acquired a larger clitoris, or even a smaller one. Our brains are our largest sexual organ after all. It is important to keep in mind the brain plays a larger part in female sexual pleasure than does the clitoris, regardless of the size of the clitoris.

At this time, I am not aware of any safe and proven ways of making the clitoris larger that does not expose a woman to undesired side affects.

One woman's comments:

Thank you for the honest information about labial sizes & the photos on your site. I went on the web looking for something like this. I have always been acutely self-conscious about my labia minora, as they are about 3 cm [1.25 in] long & as far as I had ever seen, no other woman I knew of looked like this. I thought I was ugly and was very embarrassed. In high school I hated showering where anyone could see me, and felt a lot of anxiety about this whole area of my body. Even as a married woman I have repeatedly asked my husband if I am ugly, if he thinks it is disgusting etc.

When I asked my doctor about it, she dismissed my interest and just said it looks normal. But as you say on the site, all the books with diagrams etc. look nothing like me, so I couldn't see how I could be normal.

My daughter is now six and I have noticed that her labia seem to be developing similar to my own. I thought "oh no!" Then I realized I should get some facts. I wanted information to share with her so she would understand her body and why it is built the way it is. I didn't want her to go through the same anxieties I did. I am thrilled to find your site. Thank you for putting this info out there.

VII. THE FEMALE REPRODUCTIVE CYCLE

Between puberty and menopause, healthy women menstruate on a cyclic basis. Although most people are aware only of the days of a woman's menstrual flow (usually calling it her period), these days are only the most obvious stage in the complete reproductive cycle. A cycle begins on the first day of a menstrual flow and ends when the next cycle's flow starts. This cycle of menstruation is ON AVERAGE 28 days. Many women vary between 20 and 40 days in duration. Very long or irregular periods of menstruation may be cause for concern and a gynecologist should be consulted.

Each reproductive cycle is a complex set of interactions among the brain, the pituitary gland, the ovaries, and the uterus. Messages are sent and received among these organs to change the levels of various hormones that cause an egg to mature and be released from an ovary and the uterus to build up and then shed its lining. The purpose of each cycle is to mature an egg in the ovaries (presenting an opportunity for conception and to prepare a woman's body for pregnancy if conception occurs.

The menstrual flow is the best place to begin keeping track of cycles because it is the only part of a cycle most women notice. Beginning with the first day (Day 1) of menstrual flow, the levels of most of the hormones involved are low.

The low level of estrogen causes the hypothalamus in the brain to send a message to the pituitary gland to secrete FSH (follicle stimulating hormone) into the bloodstream. The ovaries react to the increased FSH level by beginning the maturation process of an egg inside the follicles of the ovaries. As the follicle begins to grow, it produces the hormone estrogen. The presence of estrogen causes the cells in the endometrium (the lining of the uterus) to multiply and the lining gradually becomes thicker.

As the follicle develops, the estrogen level continues to rise for around 10 days, until it is high enough to stimulate the pituitary gland to release LH (leutenizing hormone). this sudden rise in LH (called the LH Surge) acts on the ovaries and triggers the release of the mature egg from inside a follicle. The rising estrogen levels also causes changes in the cervix and cervical mucus.

Called ovulation, this egg release occurs about halfway between the start of menstrual flow and the next, and means the egg is available for fertilization if sperm are present in the woman's reproductive tract. This is also the point at which FSH and LH levels are at their highest, but the estrogen level falls for two or three days after ovulation.

After an egg progesterone causes a woman's body temperature to rise.

By this point in a cycle, the lining of the uterus is already five to ten times thicker than it was just after the woman's last flow stopped. But with the addition of progesterone from the corpus luteum, the lining changes to form distinct layers with tiny blood vessels, nutrients and other features which will be needed to support a pregnancy if the egg is fertilized. is released, the cells that had lined to ovarian follicle change shape and colour to become a corpus luteum (yellow body). The corpus luteum produces both estrogen and progesterone, another hormone. The level of pregesterone, therefore is higher after ovulation and the level of estrogen also rises again. The increase in

The presence of progesterone also causes the level of LH and FSH to drop gradually. when the level of LH is low enough, the corpus luteum is no longer stimulated and gradually stops producing progesterone and estrogen. This drop in progesterone and estrogen causes the uterus to shed its lining as the menstrual flow - which is Day 1 of the next cycle. The low level os estrogen also signals the hypothalamus and the pituitary gland to start secreting more FSH again, thereby beginning the next reproductive cycle.

IF CONCEPTION OCCURS:

If conception does occur, the progesterone level remains high and the uterine lining remains to support the fertilized egg. Only one sperm is allowed to enter the ovum and thus fertilize it. The sperm and ovum become one cell. Successful fertilization occurs in the first one third of

the Fallopian tube and then begins its journey toward the uterus (about 10 days). It then implants itself in the blood and nutrient-rich lining (endometrium) which nourishes the cells. Soon after, the cells develop into a embryo and a placenta.

- **How Fertilisation takes place explained** – See in this video*
- **See this video of human ovulation**.