

THE QUEST FOR THE G-SPOT: A SURVEY AMONG MEDICAL STUDENTS
Yordan Babachev, Alexander Babachev, Selin Durgud, Duygu Hasan, Stefan Stanev,
Selen Hamdi, Pamela Boikova, Richard Hadzhiev, Anita Nikolova
Faculty of Medicine, Trakia Univeristy, 11 Armeyska Str, 6000 Stara Zagora, Bulgaria

The eponymous G-spot was once anecdotally called a “gynecological UFO”, due to the confusing reports regarding its existence. In the context of emerging data about possible morphological substrate of the G-spot, the topic of its functional importance can nowadays be discussed in a scientific context.

With the present study, we aim to investigate the opinion of young medical students regarding the existence of a highly functional area in the female reproductive system, using a standardized survey.

Among the 75 respondents (67% female, 33% male; 93% response rate) the majority (100% of the females and 88% of the males) share the opinion, that a zone capable of producing highly erotic sensations indeed exists in the female genitalia. They are however not unanimous if such a zone is present in every female. 71% of females and 64% of males consider the said zone has different location in different people, however the majority of the respondents place it on the anterior vaginal wall.

Our data, obtained from a young sample, with above average education regarding anatomy and physiology, is highly valuable and strongly suggests that a “G-spot” exists. The conflicting information about its occurrence and localization require a thorough morphofunctional investigation, in order to confirm or deny its factual presence.

Keywords: *G-spot, vagina, orgasm*

INTRODUCTION

The existence of a “highly erotic zone” in the female reproductive system was suggested for the very first time in scientific literature by Dr. Ernst Gräfenberg in 1950 (Gräfenberg, 1950). Nowadays this zone is eponymously known as the G-spot and is a subject of more or less anecdotal research. Its factual presence was supported by some studies based on self-reports and dubious physiological experiments (Addiego et al., 1981; Davidson et al., 1985). The morphological basis of the putative G-spot has been previously described in detail (Tomov et al., 2017). Recent morphological advancements (Ostrzenski, 2012; Ostrzenski et al, 2014; Tomov et al., 2016) suggest that such a structure may indeed be present.

The fact that both genital and non-genital stimuli could lead to orgasm (Stoleru et al., 2012) and the peculiarities of the anatomy of the female reproductive system hint towards the notion, that a single structure, which can be labeled as the “G-spot”, does not exist (Kilchevsky et al., 2012; Tomov et al., 2017). However, besides the hard data concerning the morphology of the G-spot, self-reports, anecdotal evidence, and pop science suggest a functional importance of the anterior vaginal wall. In this time, literature lacks serious questionnaire data, obtained from young and highly educated individuals, with background knowledge of human anatomy and physiology. Therefore, we aimed to evaluate the opinion of medical students regarding the existence of the G-spot using a standardized survey form.

MATERIALS AND METHODS

The present study was carried out among first- and second-year medical students of both sexes, enrolled at the Faculty of Medicine of the Trakia University in Stara Zagora, Bulgaria. Potential respondents were approached and asked about their willingness to participate in a survey regarding female anatomy and physiology. Rejection rate was documented. All effort was made to keep the answers anonymous; only crude demographic data about the subjects was collected.

The questionnaire itself was based on a previous one by Addiego et al., (1981). However, in order to provide better response rate and facilitate the processing of results, it was shortened to a total of eight factual questions. The term “G-spot” was deliberately omitted from the questionnaire, in order to prevent skewing of the results. Besides the multiple-choice questions, an opportunity was provided for the participants to give their own answers, and add comments or suggestions to the survey.

RESULTS

The survey was generally good accepted – the response rate was 93% with all of the respondents providing a completely filled questionnaire. The demographic structure of the participants reflected more or less the general demographic structure of the students at the Faculty of Medicine in Stara Zagora, as seen on Figure 1. The mean age was 20,8 years.

Sex of the respondents (n = 75)

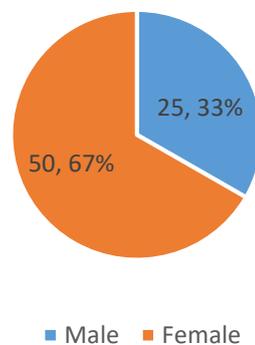


Figure 1. Demographics of the respondents.

All of the females and the vast majority of the male participants in our survey confirmed the existence of a zone, which could produce sensations, “stronger than the usual” in the female reproductive system. Those results are shown on Figure 2.

Do you believe in the existence of a zone, capable of eliciting sensations, stronger than the usual, in the female reproductive system?

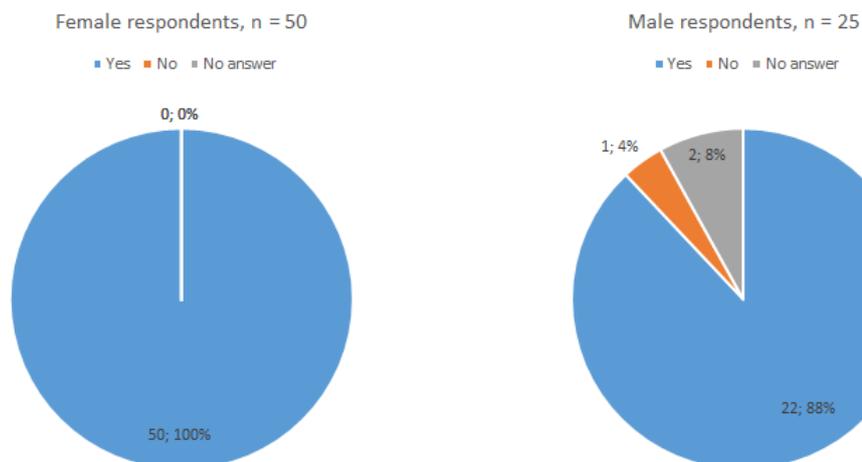


Figure 2. General opinion regarding the existence of a “special zone”.

The respondents, both male and female, generally shared the opinion, that such a zone is present in all females. However, a significant minority considered it not to be universally present, as shown on Figure 3.

Do you believe that such a zone is present in all females?

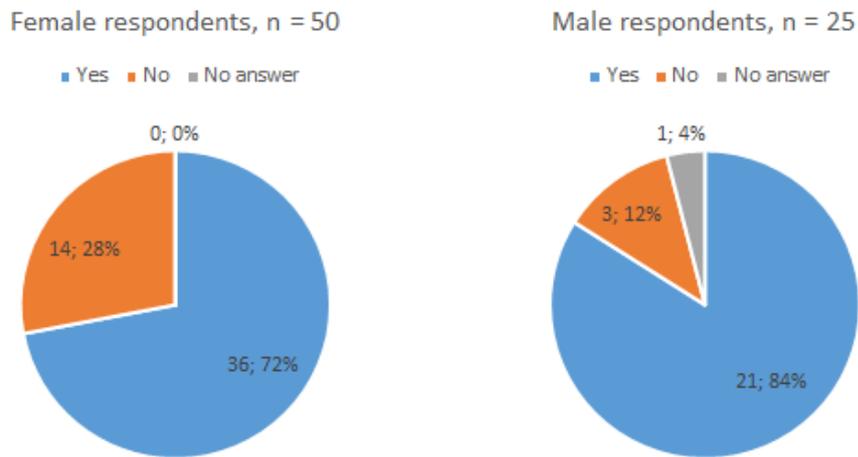


Figure 3. Opinions on the universal existence of a “special zone”

The answers became more and more diverse, as the survey asked for more detailed information regarding the putative highly sensitive zone. As seen on Figure 4, the majority of the participants did not consider it to be located in the same anatomical position.

Do you believe that this zone is located in the same position in all females?

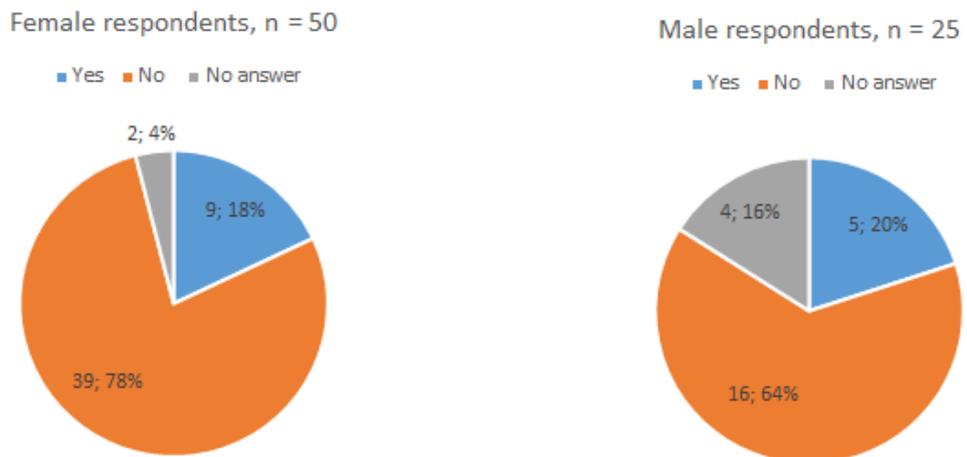


Figure 4. Opinions on the uniform location of the highly sensitive zone.

The majority of the female respondents considered themselves to possess such a zone (Figure 5). The responses of the male participants to this question are not shown.

Do you think that you have such a zone yourself?

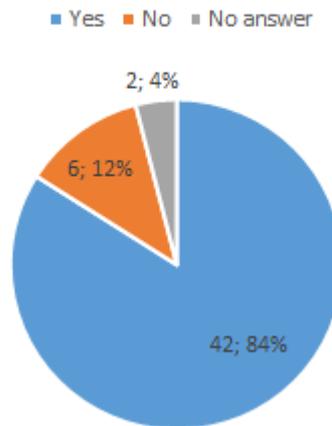


Figure 5. Self-awareness of the existence of a highly sensitive zone.

When asked about the exact localization of the supposed sensitive zone, the respondents were free to choose more than one answer from a provided list of suspected localizations. Interestingly, even when provided with an opportunity to provide other localization (in an open-style question), no data, different than the pre-set list of answers, was given. Majority of the participants reported the zone to be located on the anterior wall of the vagina. Summary of the answers to this question is provided on Figure 6.

Where do you consider this highly sensitive zone to be located?

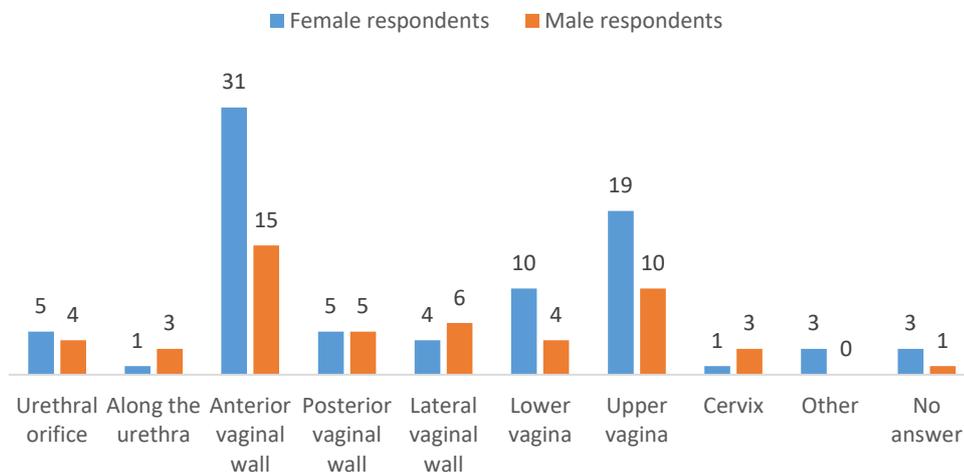


Figure 6. Data considering the exact localization of the supposed zone.

When asked about the results of a stimulation of this zone, female and male respondents once again provide multiple answers, without one of the answers having a clear predominance, as shown on Figure 7. Many of the male participants reported fluid release – something generally not shared by the majority of the female respondents.

What is the result of the stimulation of this zone?

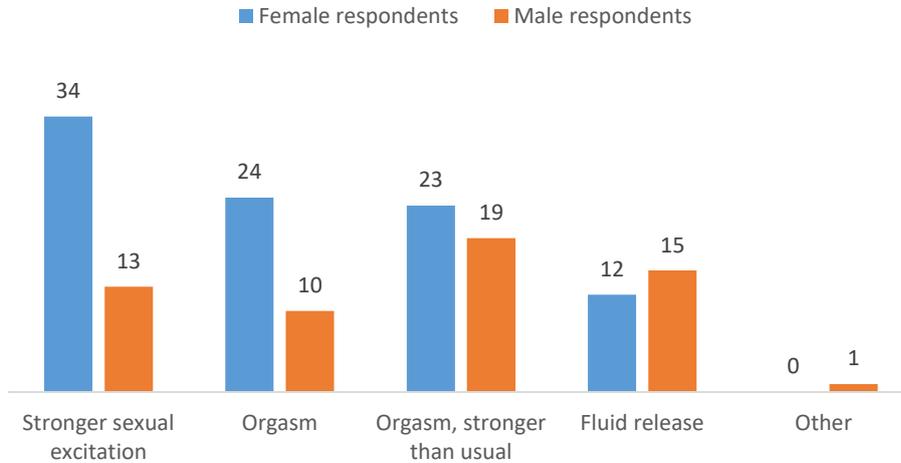


Figure 7. Opinions on the effect of the stimulation of the supposed highly erotic zone.

Despite the multitude of reported effects, this zone is capable of producing, most of the subjects asked did not consider its stimulation to be essential for the quality of sexual satisfaction (Figure 8).

Do you think that high quality sexual experience can be achieved without the stimulation of this zone?

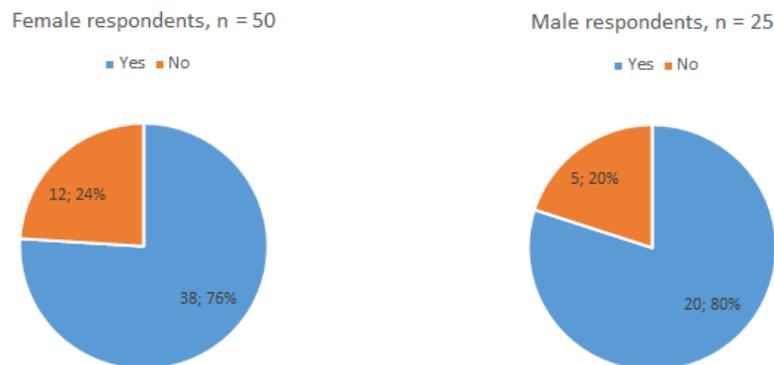


Figure 8. Importance of the stimulation of the zone for the sexual satisfaction.

When asked about the main sources of knowledge regarding the female reproductive system and its functional anatomy, most of the subjects reported anatomy books and medical literature to be their leading education medium. Own experience and conversations with female (but not male) friends were also among the mostly cited sources. This data is illustrated on Figure 9.

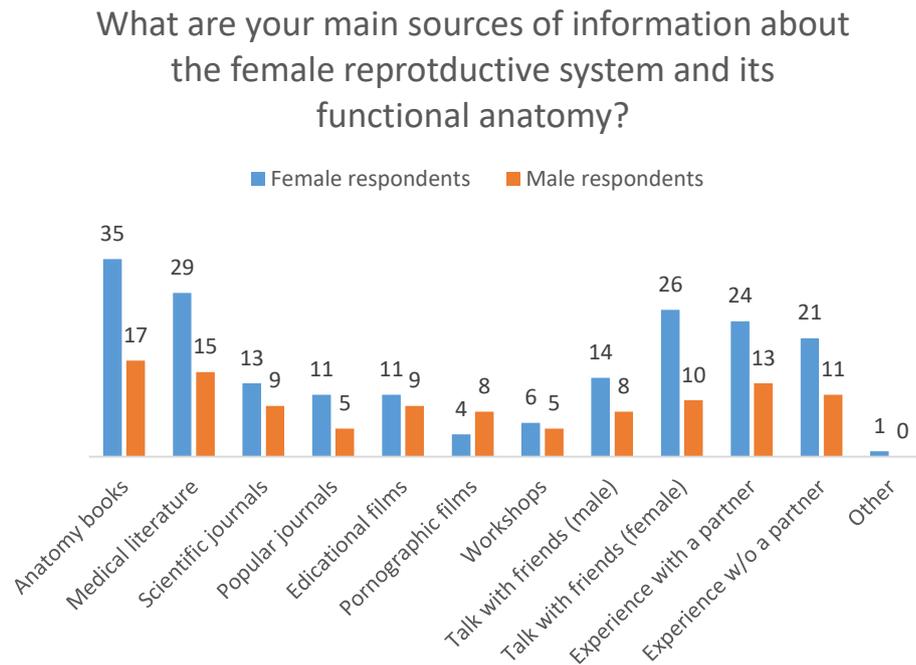


Figure 9. Main sources of information regarding the female reproductive system.

DISCUSSION AND CONCLUSIONS

The present study is one of the few of its kind, carried out on medical students. Because the participants in our study have a detailed understanding of human anatomy and physiology, we consider the data obtained to be of high-value. Knowledge of anatomy helps them describe correctly the supposed localization of what can be considered the “G-spot”.

Our results show, that the vast majority of the medical students firmly believe that the G-spot is a real entity. However, the disagreement about its existence in all females or about its precise localization suggests a high inter-individual variance. We attribute this disagreement not to any significant discrepancies in the point of view, but rather to varieties in individual anatomy, physiology, or sexual experience.

We herein confirm the wide-spread opinion, that the G-spot is located in the anterior vaginal wall. Lot of respondents identified the urethra as a morphological substrate of the G-spot, and the fluid release as a response to its stimulation, going back to Dr. Gräfenberg’s initial observations (Gräfenberg, 1950). However, a leading role of the G-spot for achieving sexual satisfaction was not confirmed.

Summarizing the results, we could conclude, that the anterior wall of the vagina indeed has a specific functional role in human sexuality (Li et al., 2014). Our sample of study participants provides highly valuable data that a highly sensitive zone is indeed present in the female reproductive system. Until the G-spot could enter anatomy textbooks, however, a detailed morphological analysis is needed, in order to confirm any claims of the existence of such a structure.

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