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**For one drop of blood**

*Virginity, sexual norms and medical processes in hymenoplasty consultations in the Netherlands*

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## CHAPTER I:

# INTRODUCTION

### **1.1 Background of Research and the Main Research Question of the Study**

In the past 15 years and particularly in the most recent decade, more and more women decided to go under the knife to 'fix' their virginity. With the rise of medical technology and opportunities for pre-marital sexual behavior, young women who believe that they no longer possess an intact hymen can now elect to undergo a clinical procedure called hymenoplasty. Hymenoplasty is a surgery that alters the shape of the hymen membrane commonly to minimize the aperture (Ahmadi 2013, Renganathan, Cartwright and Cardozo 2009, Cook and Dickens 2009). The procedure has been increasing in frequency in a decade and a half particularly in China, Canada, the United States, and Europe (Bekker et. al. 1996, van Moorst et al. 2012, Amy 2008). In the Netherlands, hymenoplasty is mostly provided by physicians of Dutch 'native' background (Ayuandini 2017a). The patients who request the surgery are usually Dutch women of Muslim migrant ancestry, particularly from Morocco, Turkey, Afghanistan and Iraq (Ayuandini 2017a, van Moorst et al. 2012, Loeber 2014). Hymenoplasty are often sought by women due to their conviction that their hymen is no longer intact, usually because of a previous sexual encounter (Ayuandini 2017a). However, they might be expected to 'prove' their virginity during the wedding night, commonly by means of blood stain on marital bedsheet (Ayuandini 2017b, van Moorst et al. 2012, Loeber 2014, Bekker et. al. 1996, Logmans et al. 1998).

At the start of this dissertation research, an exploration of hymenoplasty as a social phenomenon was still rare. Hymenoplasty is a controversial surgery in which doctors are continuously in discussion of the arguments for and against its provision (Cook and Dickens 2009, Christianson and Eriksson 2014, Cindoglu 1997, de Lora 2015). Dutch doctors particularly view the operation to be medically unnecessary (Ayuandini 2017a). Professional medical bodies all around the world such as those in Sweden, New Zealand, the US, Egypt, the UK, Canada, France, Germany and the Netherlands itself have issued recommendations for their members to avoid performing the surgery (Kandela 1996, Braun 2010, de Lora 2015, Amy 2008, Juth et al. 2013, Feitsma and Kagié 2004). Studies conducted about the surgery have been, thus far, exclusively done through the clinical perspective. These studies mostly frame the social and cultural dimensions of the issue through the point of view of medical professionals. They either tend to focus on the ethical dilemma a physician faces when a patient is requesting the surgery or on the technicalities of the procedure itself (Bosch 2002, Bekker et al. 1996, Helgesson and Lynoe 2008, Bravender, Emans, and Laufer 1999, Logmans et al. 1998, Ou et al. 2008). Throughout these studies, the assumption that the surgery is a symbol of oppression of women and of patriarchy persists (for examples, see Bhugra 1998, Paterson-Brown 1998, Kogacioglu 2004, Parla 2001, Helgesson and Lynoe 2008).

Yet such assumption is largely made with the absence of close examination of the social expectations and motivations of the female patients. The lack of women's perspective being accommodated in hymenoplasty research to an extent is understandable. The nature of the surgery that demands high level of secrecy to protect the identity of a woman contemplating the operation makes it almost impossible for people other than the physician to be aware of her intention. It is also highly challenging to find women who have done or have considered undergoing hymenoplasty from outside of the medical establishment as very rarely a woman would admit to the experience. The core essence of the desire for hymenoplasty lies in the wish to conceal that one is no longer sexually untouched and an effort to pass as sexually 'innocent'. Admission to contemplating the operation belies this 'image', to say nothing of undergoing one. Given this situation, it is unsurprising that the voice of women is largely silent in writings on hymenoplasty. Hence, this research was started with the goal to amend this situation. Having gained access to medical establishments allowed me as an ethnographer to be present during hymenoplasty consultations between doctors and patients. The focus of the study was to bring forth the perspectives and motivations of women seeking the operation. The direction of the study was mainly based on insights gained from preliminary and pilot studies of the dissertation research and driven by what explorations were absent in the scholarship of hymenoplasty.

It is also important to bear in mind that the geographical context of the research is the Netherlands. Since the 1960s when sexual revolution happened in the country, unencumbered exploration and expression of sexuality became an integral part of Dutch society (Schnabel 1990, Ketting 1990). This ‘public acceptance’ of sexuality then becomes ‘the yardstick’ of how the new presence of Muslim migrants and their descendants is to be evaluated (Mepschen, Duyvendak, and Tonkens 2010, Israeli 2008, Butler 2008). In line with the rise of nationalist discourse in Europe recently, many politicians in the Netherlands start to define what it means to be Dutch (van Reekum and Duyvendak 2012, de Leeuw and van Wichelen 2008). The rhetoric of sexual and gender progress becomes pivotal to this effort (Uitermark, Mepschen and Duyvendak 2014). Women of migrant descent are turned into the main target of citizenship policies and their emancipation is the litmus test of the successful integration of people with migrant ancestry into Dutch society (Roggeband and Verloo 2007, Ghorashi, 2010, van den Berg and Schinkel 2009, Schinkel 2011).

Since early on it was clear to me that the study was not only about a binary divide between the ‘native’ doctors and the ‘migrant’ patients. Norms and considerations in the case at hand are multidimensional. The research became more than a mere ethnography of minority women; the phenomenon in question is not as straightforward as a Muslim patient engaging in “Western” medicine. It involves a Muslim patient, with a migrant background, growing up as a second or third generation child, often identifying oneself as being Dutch, dealing with expectations held by others from her country background, seeking help from a European doctor, who tends to object to her ethnic traditions but usually provides the aid nonetheless, intriguingly even by embracing some of the patient’s ancestral practices. Taking these complexities into careful consideration, this study sets out to answer the following question: How do the interconnecting issues of gender, religion and migration play out during interactions between doctors and Dutch patients of migrant ancestry in the medical and institutional context of hymenoplasty in the Netherlands?

## **1.2 The Method and Process of Data Collection**

The main data collection method for this study comes from participant observations of hymenoplasty consultations between doctors and patients in two different medical establishments in the Netherlands. The ethnographic access I obtained for this observation is never before gained in the case of hymenoplasty study. Typically, patients’ main concern in contemplating the operation is to successfully come across as virgin to those in their immediate social circle, commonly during the wedding night.

Therefore, there exists the highest degree of need for confidentiality upon patients' visit to the doctors as their exploration of the viability of the operation readily betrays their claim to sexual purity. Accordingly, ethnographic access that allows a party other than the physicians to be privy of the patients' history of sexual encounters is mostly unpreferable to patients and therefore unlikely. Having successfully obtained this access, I sat in and observed a total of 70 hymenoplasty consultations between patients and physicians in the Netherlands.

These observations were further complemented by my one on one meeting with patients whenever I received consent. I managed to talk privately with 1 out of 3 patients seeking treatment in the hospital. I also talked with 14 physicians and medical professionals involved in the provision of the operation. I investigated their perspectives on hymenoplasty, particularly about their own practice and engagement with surgery seeking women. Furthermore, to gain a contextual understanding of hymenoplasty as a phenomenon, I conversed with young men, young women as well as with older women of the patients' mother generation. These people share the same ancestry with hymenoplasty patients in my study. I explored their point of views of virginity specifically and sexuality in general. In total, I have conducted in depth conversations with more than 70 people. These conversations allow me to understand the desire for the operation in the specific context of the patients' social and cultural background. More detailed explanation of the methodology of the research will be further provided in chapter 2.

My focus of exploration was largely concentrating on how specific commonalities among patients play a role during hymenoplasty consultations with Dutch physicians. I also investigate how these commonalities to an extent shape the direction of the medical appointment. I was likewise particularly interested in how they are addressed and dealt with specifically by the doctors but also by the patients themselves. Similarities that I particularly paid attention to are patients' religious background, their migration history as well as their gender. To a certain degree, I was also mindful of some markers of patients' socioeconomic class, particularly their educational background. However, my individual interactions with each of them are limited. The bulk of information for the study was gained from observing their interactions with physicians. Consequently, findings pertinent to patients' socioeconomic class are scarce and in need of further and deeper explorations beyond the scope of feasibility of this study. The complementary data collection involving engagements with people of similar ancestry with the patients were mainly done to better understand the socio-cultural context of patients' drive for the operation. This includes exploring possible negotiation of sexual values surrounding female virginity between the young women and other people in her immediate social circle, investigating social forces and the

personal motivations that shape the decision of hymenoplasty and examining the extent and circulation of knowledge on sexuality and virginity among Dutch women of migrant ancestry.

As the study progressed and findings were amounting, I started to have a better understanding of the true depth of intricacies of a longitudinal ethnographic study conducted within 20 months of accumulative research period between 2012 and 2015 on hymenoplasty. Staying true to the spirit of qualitative anthropological and sociological research, the progression of the study was derived closely by findings. In the attempt to accommodate the richness of collected data, I began to frame the study to include emerging key discoveries from fieldwork. What became a significant driving force behind the outlining of the analysis and the writing of this study occurred around halfway into my data collection period. This was when I gained access to a private clinic to also conduct observations of exchanges between consulting physicians and hymenoplasty patients there. The back and forth between the doctor and surgery seeking women in this clinic are in some contrast to the hospital where I hitherto gathered data. The philosophy of the lead physician in conducting hymenoplasty consultation is also dissimilar to the lead doctor at the hospital. The differences in hymenoplasty practice between the two medical establishments, such as their consultation procedures, were significant enough to bring forward an element of the study which has thus far served as a backdrop: the research setting. The medical clinical setting of hymenoplasty consultation then took a new prominence as an important frame of analysis. The increasing focus on this aspect was also driven by changes in accessibility to patients as well as alteration in data gathering methods; both will be explained in detail in chapter 2 on methodology.

Within the time period of my main dissertation fieldwork, which was started in early 2014 and completed towards the end of 2015, writings on hymenoplasty have grown in quantity. However, due to the highly sensitive nature of the surgery, studies are still largely done by medical professionals or by soliciting views from outside of the consultation rooms (Ahmadi 2015, Cinthio 2015, Christianson and Eriksson 2014, Juth and Lynoe 2014, Christianson and Eriksson 2015, Kaivanara 2016, Loeber 2014, Wild et. al 2015, Earp 2015, Saraiya 2015, de Lora 2015, Steinmüller and Tan 2015). Some still write about service providers. These studies either focus on providers' responses to hymenoplasty requests, their views on the operation itself or ethical considerations physicians and midwives ought to be aware of in providing the service (Juth and Lynoe 2014, Earp 2015, Christianson and Eriksson 2015, de Lora 2015). Some studies have also started to look at wider societal issues particularly on gender. However, the focus of examination remains chiefly the same. At the surface, hymenoplasty presents almost a readily recognizable point of interest and accordingly, there is almost

an obvious path of study exploration. Authors have the tendency to only focus on the phenomenon of women altering their body due to a social and normative expectation of virginity put on them by others in their social circle. Recent writings on hymenoplasty almost exclusively address this point. They put an emphasis on how the desire for the operation signifies an imbalance of sexual demands on women of certain ancestry by people of their immediate social circle (Cinthio 2015, Loeber 2014, Christianson and Eriksson 2014, Steinmüller and Tan 2015). Alternatively, these studies argue how hymenoplasty can be seen as a form of resistance to such imposition of unequal requirement (Ahmadi 2015, Wild et. al 2015, Kaivanara 2016).

Hymenoplasty is desired in the context where women are largely expected to abstain from sexual intimacy before marriage while men are considerably less so and even on occasions 'rewarded' of their sexual adventures and abilities. The significance of unequal sexual expectation between men and women is also a recurring backdrop to my study. However, so prominent is this point of investigation, it has the potential to eclipse the myriad of other factors relevant in an ethnographic research of hymenoplasty. As writings from other studies have clearly demonstrate, analysis on other factors pertinent to a hymenoplasty study is largely absent (with an exception of Steinmüller and Tan 2015 who also look at socioeconomic change as a contributing factor to Chinese women's desiring the surgery). My study that focuses on hymenoplasty consultations in the Netherlands offers a never-before-explored angle to the research. It benefits from unique ethnographic access to doctors and patients exchanges during medical appointment. It is also conducted in the context where the surgery is desired almost exclusively by Dutch women of Muslim migrant background. The service, on the other hand, tends to be provided by physicians of 'native' Dutch upbringing. This uniqueness of the study brings forth migration, gender, religion and the clinical setting as important and necessary frames of analysis. All are crucial yet underexplored perspectives in the scholarships of hymenoplasty to date.

### **1.3 Chosen Form of Writing and Objectives of Each Article**

The study recognizes the exploration of virginity expectations on women as an important aspect of exploration. In the writings of my research, this sociocultural and normative sexual demand is ever present as a backdrop of the main analysis which focuses on the practice of medicine, the rhetoric of religion, women empowerment as well as national identity in the context of migration. What normally is the focus of the analysis—sexual expectations on women and/or resistance towards them—now serve as the setting. While what previously have been relegated to the background—reli-

gious conviction, the clinical framework and movement across states and borders—are now on the spotlight.

My intention in reversing this focus of interest lies in my aim to bring forward the institutional aspect of hymenoplasty as a critical frame of analysis. Following Bowen, Bertossi, Duyvendak and Krook, I am interested in observing how various identity markers gain prominence when different actors come into contact in an institutional set up (2014). Through my writing, I argue that it is of the utmost importance to start interrogating the medical context of hymenoplasty. It is in this clinical setting where, arguably, the desire to maintain an appearance of virginity first becomes problematize and therefore observable. However, hitherto, this context is almost neglected and taken for granted in the scholarship of hymenoplasty. This background is yet to be scrutinized and analyzed, particularly on how it might affect and determine the outcome of the desire. We are witnessing an irony as the patients' background is seen by scholars and practitioners alike to be paramount to their wish for the operation and therefore closely inspected in the literature. Yet there is a lack of scrutiny of the backdrop that contributes to the resolution of the wish: the medical context. The absence of this necessary examination, I argue, is a significant oversight on the side of social sciences, one which I intend to amend.

To fully address different focuses of explorations in medical institutional set up of hymenoplasty, I have opted to analyze them in the form of journal articles. Each article is a standalone complete writing which allows me to situate the focus of explorations in different cluster of scholarship. Each article focuses on a single aspect, providing the needed undivided attention to the issue without having to extensively built on the last one. The following objectives are addressed separately in different articles:

1. To discover whether the lack of recognition of hymenoplasty, both by the general public and on an institutional level, affects consultation results; Article 1 looks at how variability in hymenoplasty recommendations provided in the context of an absent of institutional acknowledgement of the procedure, lack of standardization of practice as well as asymmetrical information on the surgery for public result in a contrasting degree of surgery rate in different establishments;
2. To find out whether the commonality of religious background of hymenoplasty patients in the Netherlands play a role in their desire for the operation; Article 2 delves into the role of religion in potentially triggering hymenoplasty request through analyzing the rhetoric of patients and through investigating how religion is brought into the discussion of the procedure with physicians during consultation;



3. To examine whether Dutch doctors' point of view that hymenoplasty has no medical necessity influence their recommendations to patients; Article 3 details Dutch doctors' effort to exclude the idea of the 'broken hymen' from medical definitions by informing patients of medically 'correct' information on issues surrounding virginity and interestingly, through appropriating patients' 'ancestral' customs during the wedding night into medical recommendations;
4. To inspect whether the fact that almost every hymenoplasty patients come from migrant ancestry while the consulting physicians tend to be of Dutch 'native' background create a unique dynamic between them during consultation; Article 4 investigates how the idea of national identity, in this case Dutchness, comes into play during hymenoplasty consultations and how it is 'promoted' to the patients who are exclusively of migrant ancestry;
5. To explore whether the reality that hymenoplasty patients are exclusively women shape the way consultation is done. Article 5 studies how hymenoplasty consultations are perceived by physicians as an opportunity to empower women and looks at how such empowerment takes place.

## 1.4 The Ever-Present Backdrop to the Study

As an important consistent context to the writing up of this study, the vital explorations of virginity expectations on women are addressed across different articles. They either serve as a backdrop to the analysis or as the starting premise of the examination. The setting can be seen to be consisted of specific issues of three prongs: (1) the negotiations of sexual values between patients and other people in their quest for hymenoplasty, (2) patients' personal motivations in getting the operation and (3) the extent and circulation of knowledge on sexuality and virginity among Dutch women of migrant ancestry. The first line of inquiry permeates all five articles. This study looks at the negotiations of sexual values not only between physicians and patients but also among people of similar ancestry with the surgery seeking women. Exchanges between patients and the doctors they are consulting for hymenoplasty are in themselves forms of negotiations. Patients bring forth their understanding of different sexual norms and values, informed by their parents and other people of similar descent and/or those in their social circle. In turn, physicians offer their perspective on issues particularly pertinent to virginity and the hymen but also on sexual intimacies and

even partner choice. Across five articles, direct quotes from either patients or doctors demonstrate their perspectives of the issue which are key discoveries of the first line of inquiry of the research.

Findings that come from the exploration motivated by the second prong—investigating personal motivations of patients in getting the operation—remain the main discoveries of the overall study. They likewise informed writings for all five articles. The prominence of this probe is particularly observable in the second article. Here I look at the way patients articulate their motivation to undergo the surgery in relation to their understanding of religious and cultural forces that potentially inform such goal. It has to be said that the collection of findings that showcase the voice of women, particularly those contemplating hymenoplasty, is where this research has its most unique contribution. However, what I have learn with the progression of the research is the stories, narratives and motivations of women requesting the surgery are not only diverse and complex but also at times counter intuitive. Writings dedicated to give a medium for these experiences need to strive for the inclusions of the richness and the complexities in which an article form with limited space for elaboration is far than ideal. A book format of writing will be more suitable to give a channel for the voice and experience of women in the study of hymenoplasty. Realizing this, I have therefore prepared an outline of a book that will accommodate this writing and it is an immediate upcoming work I strive to do in the near future.

The third contextual element focusing on sexual knowledge was originally explored informed by findings from preliminary and pilot studies. Data suggested that hymenoplasty patients tend to not be aware of other ways to produce blood stained bed sheet. They were also often surprised by physicians' revelation about the medical view of the hymen and its (absent of) connection to virginity. Dutch doctors I worked with up to that point in time had similar observations. They were even convinced that this 'lack' of the 'correct' knowledge plays a significant role in shaping the drive of the patients to undergo the operation. The doctors were therefore motivated to rectify it through 'educating' patients with the 'right' knowledge during consultation. Hence, I was inspired to learn more about the different knowledge surrounding the issue of sexuality hymenoplasty patients possess. I was also curious to find out whether such knowledge influenced their decision in contemplating the surgery. I also aimed to discover whether certain ideas or information were transferred to and from other women in their immediate social circle.

However, during the main dissertation research fieldwork, it has come to my realization that more and more women who were contemplating hymenoplasty were admitting to being familiar with the 'medically correct' knowledge about virginity and the hymen. They have also come across different ways to produce blood stain on the

marital bedsheet. The premise that women contemplate hymenoplasty chiefly due to their ‘incorrect’ perceptions of the connection between the hymen, bleeding during the first penetration and virginity began to lose its original significance. When access to the third establishment—the private clinic—was gained, I started to work with a doctor there who did not perceive hymenoplasty consultations as a way to ‘educate’ patients. As a result, exchanges between physicians and patients in this establishment have a different undertone than those at the public hospital. Consequently, knowledge surrounding sexuality and virginity continues to be relevant in my study. Yet, aiming to find out the what patients knew or did not know became less important. What was more revealing was to explore how the perception of ‘what needs to be known or unknown’ as well as ‘what needs to be learned or unlearned’ about sexuality and virginity shape exchanges between doctors and patients in hymenoplasty consultations. The findings resulted from explorations of this third contextual prong is especially present in the first article. In that article, I look at a pedagogical approach team of doctors in the public hospital use as a basis of hymenoplasty consultation in their establishment. They are also relevant in both the fourth article on Dutchness and the fifth article on women empowerment.

## 1.5 Terms and Definitions

The word hymenoplasty is the chosen term used to refer to the medical procedure mostly aimed at altering the hymen membrane. Scholars have also used the word hymenorraphy, which is interchangeable with hymenoplasty. My choice to use the term hymenoplasty is due to the familiarity of people involved in the research with it. Hymenoplasty is the term used both by doctors and patients alike during their exchanges. The Dutch term for the surgery, *maagdenvlieshersteloperatie*, is also used to refer to the procedure although it is used considerably less particularly by Dutch doctors. This is due to some Dutch physicians’ objections that the term provides an ‘erroneous’ image of what hymenoplasty is. The word *herstel* in Dutch translates to restoration in English. Dutch doctors find the use of this word problematic as it implies that the operation restores the hymen to its previous condition before penile penetration occurred. Due to the high variability of the hymen’s shape and form even in its ‘virginal’ state, it is highly unlikely for doctors to be able to discern what an individual patient’s hymen look like before it was potentially or allegedly altered by coitus. The word *maagdenvlies* is also considered problematic as it contains the word *vlies* which translates to membrane. Some Dutch physicians argues that the word *vlies* or membrane conjures up an image of a wall like structure, in which the hymen is not. It also

gives the impression that penetration will compromise the integrity of this structure, in which coitus does not always result in such.

Surgery seeking women are interchangeably referred to as both patients and women. The choice of the word patient does not mean to signify that the women's predicament is automatically pathologized and in need of a medical solution. Rather, it intends to highlight that the clinical setting of the study is an integral part of exploration. Apart from that, both the doctors and the women themselves do use the word patient, albeit the doctors utilize it significantly more often than the women. Care has been made in the writing to differentiate surgery seeking women than other women involved in the study.

I also consistently use the word consultation in referring to the meeting between doctors and patients. This choice is also to echo the most common term Dutch physicians use to indicate their appointment with patients. The word consultation used in this writing commonly points to the period of time when patients meet with doctors to discuss their intention to undergo hymenoplasty. However, consultation conveys a wider meaning than just an exchange or an interaction. Consultation also has an undertone of advice giving and an imparting of knowledge by an expert; in which both are very much relevant in the context of hymenoplasty. As indicated in various chapters in this dissertation, hymenoplasty consultations in the Netherlands further serve as mediums of not only pedagogy but also empowerment of patients. Due to these many layered of nuances to what consultation might imply, the word is chosen over possible alternates of such as interactions or exchanges; although the two are often utilized in a generalized sense in the writings as well.

Words that have many and layered meaning such as culture or religion are utilized the way research participants utilize them. In the second article where religion and culture are the focus of writing, I provided a working definition of them based on the colloquial use of the words in the study. The incorporation of the word 'tricks' is also based on the conversational choice of the study participants. 'Tricks' refer to different means of producing blood stain or blood like stain on the bedsheet without resorting to surgery. The word is often introduced by the doctors to patients when offering alternative courses of action to hymenoplasty. Some other words such as 'myth', 'medically correct' or 'right' are used within single quotation mark to signify the meaning of such word depends heavily on the perspective of the person using it.

## 1.6 The Chapters of the Dissertation

The main text of this dissertation is made up of five different articles in which the first four have been submitted for publication in different academic journals. A version of the first article, *How Variability in Hymenoplasty Recommendations Leads to Contrasting Rates of Surgery in the Netherlands: An ethnographic qualitative analysis*, has been accepted and published first online on September 3<sup>rd</sup>, 2016 at *Culture, Health and Sexuality* journal (Ayuandini 2017a). The third article, *Finger Pricks and Blood Vials: How doctors medicalize ‘cultural’ solutions to demedicalize the ‘broken’ hymen in the Netherlands*, was published by *Social Science and Medicine* journal in March 2017 (Ayuandini 2017b). The fourth article, *Becoming (More) Dutch as Medical Recommendation: How understandings of national identity enters the medical practice of hymenoplasty consultations*, has been accepted for publication at *Nations and Nationalism* journal and the second article, “There’s no bleeding in the Qur’an”: *Patients’ rhetoric of religion and culture during hymenoplasty consultations in the Netherlands*, is under the first round of review with *Medical Anthropology Quarterly*. The last manuscript on women empowerment is written in an article style but planned to be part of one of the chapters in my future intended book. As such, the length of this last article is significantly longer than what most journals commonly allow. The rest of this introduction will explain in more details the aim and content of each of the five articles written for the purpose of this dissertation. This explanation is not intended to be a summary but it is done to emphasize key concepts and arguments introduced in each. Some ideas are given further context and elaboration here as limited space within the articles prevent them to be explored in detail there. To an extent, how each article is positioned in relation to each other is also included. In general, this section is also meant to situate the articles in relevant scholarships.

### **The First Article: Variability of Hymenoplasty Recommendations**

The first article is essentially a writing about the setting of the research, outlining the practice of hymenoplasty in the two medical establishments, a hospital and a clinic, where I conducted my study. It can be seen as a comparative article in which I liken and contrast how hymenoplasty procedures are set up and followed through in each establishment. The team of doctors at the hospital put in place an approach to hymenoplasty consultations that is based on a pedagogical philosophy. Meetings with patients are seen as opportunities to impart knowledge about the procedure, the hymen, virginity and sexuality in general. This educational approach is in line with a general outlook of the hospital which happens to be one of the biggest teaching hospitals in the Netherlands. It is also part of the physicians’ attempt to deal with what they

consider to be the basis of the patients' rationale in seeking the operation: a 'medically incorrect' understanding of biological determinants of virginity. Accordingly, for these doctors, hymenoplasty appointments becomes occasions to 'correct' patients of their 'misconceptions' about the hymen and virginity. A successful consultation entails a decision by the patients to not undergo the surgery.

The team of doctors working in the clinic operate based on a different philosophical understanding in providing hymenoplasty service. Having no fundamental objection to hymenoplasty as an elective surgery, the head doctor in the clinic establishes the consultation procedures to be more practical in nature. Hymenoplasty patients often consult physicians with a practical goal to achieve particularly during her wedding night. A successful hymenoplasty consultations at the clinic often means patients being able to meet this goal either through the surgery or other means. Consequently, consultations with doctors in this establishment aim to first and foremost solicit specific goals patients want to achieve in their wedding night and to find the best way for patients to achieve such goals.

The diverse philosophy of the two establishments do not detract from the fact that both the clinic and the hospital equally aim to provide analogous information about hymenoplasty, the hymen and virginity to their patients. Similarly, both establishments comparably offer courses of action corresponding to patients' requests and goals in contemplating hymenoplasty. Yet, one champions pedagogy while the other prioritize practicality in their approach. As a result, the doctors working at the clinic that focuses more on providing practical help perform hymenoplasty almost twice as often as those working at the hospital.

The contrasting surgical rate between these two medical establishments are a crucial finding to be analyzed as it comes in the context of hymenoplasty being still widely regarded as a surgery best avoided to be performed by physicians. Doctor associations around the globe has issued recommendations for their members against the provision of hymenoplasty. In conjunction with this lack of institutional recognition, techniques and procedures of hymenoplasty depend heavily on the physicians providing the service. At the same time, due to their high need to be discreet, patients do not often "shop around" between hymenoplasty providers to find which approach better suits their needs and interests. Information of the procedures and which establishments provide hymenoplasty service is scarce and very hard to come by. With this as the backdrop, hymenoplasty patients' care become highly dependent on the doctors they by chance find and consult.

## The Second Article: Religion and Hymenoplasty

The second article deals with one commonality majority of hymenoplasty patients share: about 80% of women contemplating the operation comes from Islamic background or profess to being a Muslim on some degree or another. This article takes a look at how this commonality enters discussions in hymenoplasty consultations particularly through the rhetoric of religion by the patients. The exploration in this article was inspired by a curiosity in finding out whether patients and physicians make connection between this commonality of religious belief with the desire to undergo the surgery. This interest is particularly pertinent given hymenoplasty is considered by medical professionals to have no medical indications. In short, the article asks: is the quest for hymenoplasty influenced by certain religious conviction?

This line of inquiry is not new. Whenever a (medical) procedure is mostly requested by people of certain faith, the query becomes an intriguing if not important point to consider. This is undoubtedly the case when it comes to male and female circumcisions where the practitioners tend to come from Jewish or Muslim background for the first and from Islamic faith for the second. In the case of male circumcision, religious tenets do play a role in people's desire to undergo the procedure (Glass 1999, Rizvi 1999). Although in the US, male circumcisions are mostly done due to a widely held belief of health benefit it affords its practitioners (Introcaso et. al. 2013, Wallerstein 1983, Gollaher 1994). The case of female circumcision is a bit more complex as those who are against its provision argue for the absence of religious sanctions of the procedure. They state that the Koran, the holy book of Islam, does not contain any reference to the act (Rizvi 1999, Gruenbaum 2001, Johnsdotter 2002). However, those who undergo the procedure or desire it, either for themselves or for their family members, do see religious relevance in going through with the circumcision (Johnson 2000, Gruenbaum 2001).

In the case of hymenoplasty, patients take an active stance in distancing religion, in this case Islam, from their desire for the operation. Considering the procedure to be regrettable, patients wish for Islam to not be associated with hymenoplasty. However, patients seem to recognize the need to explain, if not justify, their presence in doctor's appointment room. As a result, patients create an artificial divide between culture and religion in order to be able to 'blame' the first for their need of the surgery while disassociating the latter from it. Congruently, physicians are readily in agreement with their patients in viewing religion to be disconnected from hymenoplasty. They also perceive religious drives to be irrelevant in a woman's quest for the surgery. Dutch doctors equally 'blame' 'culture' as the motivating factor in hymenoplasty seeking behavior, a topic I extensively analyzed in the fourth article on Dutchness and banal everyday nationalism. As Abu-Lughod has similarly observed, religion has become a

point of political correctness in which ‘blame’ is not to be assigned to it while ‘culture’ is still an acceptable scapegoat (2002).

In this article, I introduce the concept of performative virginity which is differentiated from normative virginity. This distinction is important as my findings show that virtually every young woman seeking hymenoplasty were not interested in reclaiming their ‘purity’ or ‘innocence’. They are not hoping to become a virgin again in a normative sense. What patients tend to want to achieve through hymenoplasty is to be able to demonstrate that they are virgins before marriage. This performance of chastity is what I label performative virginity, inspired by Goffman’s concept of performance (1978).

It is useful to mention here that the concept of performative virginity is different than the idea of performativity introduced by Butler (1988). ‘Passing the test’ of virginity during the wedding night can be seen as a bounded ‘performance’ in which a woman’s chastity is judged on what happens during and immediately after coitus with the new husband. A woman’s virginity in this context is not dependent on her ‘embodiment’ of chastity where repeated ‘performance’ of modesty and innocence create an image of sexually untouched individual. A woman can ‘act’ and ‘appear’ ‘pure’ throughout her acquaintances with her betrothed only to find herself divorced by him from failing to bleed during the wedding night.

This is where the concept of Goffman’s performance is particularly salient. It reminds us of his front stage and backstage notion (Goffman 1978). Bleeding during the wedding night can be considered the front stage while the labor that goes into the successful enactment of this bleeding happened backstage behind the ‘curtain’ of doctors’ closed consultation room’s door. It is also worthy to note that a woman’s act of virginity in the wedding night is nonetheless fleeting and liminal. Ironically, sexual purity of the woman can only be confirmed as it is lost; making it a seemingly one time performance, never to be repeated.

Furthermore, the findings of my study reveal that women resort to the surgery not as an act of religiosity. Patients do not expect the surgery to be a way to purge a sin or to atone for a mistake despite readily claiming that to no longer be sexually untouched before marriage is ‘wrong’. This point of view is an interesting contrast to Mahmood’s idea of bodily piety where piety is embodied, expressed and realized through bodily acts, particularly by women (2005). Women who are seeking hymenoplasty do not seem to consider the act of ‘restoring’ their hymen membrane as a way to be a ‘better’ Muslim or to achieve any other goal of religiosity. Although it has to be acknowledged that women do frequently admit that hymenoplasty provide them with a psychological relief. Undergoing the surgery makes one able to think that all possible actions have been taken to ensure a smooth wedding night, providing one-



self with ‘peace of mind’.

Hence, the distancing of religion, in this case Islam, from hymenoplasty can be seen not only through the patients’ effort of actively claiming that there is an absence of Islamic tenet sanctioning the practice, but it can also be discerned through the ‘goals’ they aim for by getting the surgery. Their ‘virginity goal’ aims to have a successful ‘performance’ rather than to restore their ‘purity’. Their ‘psychological goal’ aims for ‘peace of mind’ rather than atonement. Both goals showcase their frame of understanding that Islam has little to no correlation with their desire for hymenoplasty.

### **The Third Article: Demedicalization of the ‘Broken’ Hymen**

The third article stemmed from the observation of Dutch doctors’ reluctance in performing hymenoplasty. Studies have often looked at the extent of physicians’ dilemma in hymenoplasty service provision, particularly exploring the minutiae of ethical considerations in weighing the pros and cons of the surgery (Cook and Dickens 2009, Christianson and Eriksson 2014, Cindoglu 1997, de Lora 2015). As much as this is a productive and important line of inquiry, I am more interested in what physicians decided to do given their personal and professional conviction about hymenoplasty. The Dutch case presents an interesting angle to explore this further. Despite viewing hymenoplasty as an unnecessary surgery, even on occasions referring to it as nonsensical, Dutch doctors are compelled to provide help for patients contemplating the operation. This urge comes from understanding that patients could potentially face unintended repercussions if found to be a non-virgin at the time of marriage. However, at the same time Dutch physicians still regret that desire for the operation exist. The optimum solution to this juxtaposition for Dutch doctors is to ensure that the patients will not come to harm in the wedding night while at the same time persuading them that the surgery is not needed.

To achieve the second part of this ideal outcome, Dutch physicians turn to what they believe is one of the more important underlying reasons why women desire the surgery. Dutch doctors consider hymenoplasty seeking women to be under a ‘mistaken’ expectation of what hymenoplasty can accomplish. This ‘mistake’ stems from an equally ‘incorrect’ understanding of the role of an ‘intact’ hymen membrane as a definite biological determination of a woman’s virginity. The request for hymenoplasty often comes from the patients having to fulfill expectation to bleed during the wedding night. This expectation arises from the understanding that the first coitus with a virgin will cause her hymen to ‘break’ and bleed. However, the link between an intact hymen and the absent of sexual intercourse is perceived to be weak by many physicians and medical professionals. A ‘broken’ hymen is then considered by doctors to be a non-medical condition with no necessity to ‘fix’. With this point of view, during

hymenoplasty consultations, Dutch physicians attempt to impart ‘medically correct’ knowledge to their patients about the hymen and virginity. This is done in order to convince the patients that there is nothing medically ‘wrong’ about a ‘broken’ hymen. I argue that doctors’ effort in this case can be understood within the frame demedicalization; a process perceived by scholars to be the opposite to medicalization but hitherto is far less explored and studied.

What is unique in the case of Dutch doctors demedicalizing the ‘broken’ hymen is their desire to still provide help despite viewing the problem of the ‘broken’ hymen to be ‘wrong’. In order to offer this assistance, Dutch physicians offer culturally informed ‘solution’ to the ‘problem’ of a ‘broken’ hymen. This way, the doctors at the same time are sending the message that the notion of a ‘broken’ hymen does not exist within the medical realm’s understanding of biological ailment. Since what is often needed to rectify the patients’ situation is the presence of blood after the first coitus with a new husband, Dutch doctors introduce alternative ways to achieve this goal. The alternative ‘solutions’ are inspired by means to produce blood on marital bedsheet more commonly practiced by women living in different areas in Morocco, Turkey, Afghanistan or Iraq. These are the countries of origin of parents and grandparents of most hymenoplasty patients in the Netherlands. These recommendations introduce a paradox to demedicalization as in order to exclude the notion of the ‘broken’ hymen from any medical correlation, Dutch physicians embrace ‘cultural’ solutions and appropriate them into medical recommendations. Consequently, the effort to demedicalize is attempted through an act of medicalization.

This article also provides a glimpse of the importance of blood as a signifier of virginity, or more accurately the loss of virginity. As what is more paramount to be achieved in the case of patients’ desiring hymenoplasty is a performative virginity, blood becomes the *pièce de résistance* of the entire performance. It is through the presence of blood after the first coitus with a new husband that a woman can be considered to have fully demonstrated her chastity before marriage. A display of blood as a way to convince ‘audience’ that a performance is ‘real’ is not unheard of. Lévi-Strauss tells the story of Quesalid, an unbeliever in shamanism who hid down in his mouth and bit his tongue or bled his gum to ‘show’ his patient and spectators that he has successfully extracted the foreign body causing illness (1963). Nevitt looks at a controversy called ‘Bloodgate’ involving a rugby player biting down on a blood capsule to mimic an injury (2010). Hunt analyzes how pro-wrestlers intentionally cut themselves to offer wrestling fans a feeling of authentic danger to fights that are otherwise heavily choreographed (2005). Each of these examples resonates with ‘blood performance’ during the wedding night although there exist many more complexities to the significance of blood in the context of women virginity. This is a topic that merits further

explorations in future publications.

### **The Fourth Article: Enacting Dutchness in Hymenoplasty Consultations**

The fourth and the fifth article I considered twin articles as both look at a similar issue but from a different angle. The two articles analyze the way doctors communicate with patients in hymenoplasty consultations, specifically on how their narrative is driven by a motivation to ‘change’ the patient they are meeting. Women who are contemplating the operation are often seen by Dutch doctors to be lacking of qualities, such as, among others, autonomy, which render them susceptible to the desire of wanting hymenoplasty. The deficiency of these characteristics are also considered by the physicians to contribute to the ‘problems’ the patients are in. In the context of their quest for the surgery, the ‘problems’ include not being able to make their own choices in a spouse or not being able to reject demands from a social circle that values bleeding on the wedding night. Consultations then becomes venues for the physicians to introduce, instill or remind the patients of traits that can amend these problems.

In the case of the fourth article, which I co-authored with Jan Willem Duyvendak, I look at this effort by the physicians using the frame of nationalism. Characteristics Dutch doctors are trying to inspire in their hymenoplasty patients concurrently are traits that are perceived by the doctors, and their patients in return, to be ‘rightly’ Dutch. Hymenoplasty and ‘being Dutch’ are seen by physicians in the Netherlands to be incompatible with one another. Hence, a patient who desires hymenoplasty is inevitably deemed to be ‘not Dutch’ or at least ‘not Dutch enough’. Simultaneously, the patient is seen to have a potential to be ‘more Dutch’ by demonstrating or at least aspiring to qualities such as self-independence, being highly educated or being professionally employed. Dutch doctors believe that the more a woman exhibits these traits, the more ‘Dutch’ she is and the less likely she would desire hymenoplasty.

The fourth article analysis is done within the framework of ‘everyday’ nationalism where the idea of national identity is evoked and promoted outside of more common settings such as public debates, policy discussions or civic integration courses. Everyday nationalism stems from Billig’s idea of banal nationalism where he argues that the expression of nationhood exists outside of incendiary occasions of national identification (1995). His argument comes from observing that the idea of nationalism seems to be considered by scholars to have vanished in the ‘Western’ countries. Explorations focus more on newly founded states to examine the idea of national belongings. Studies inspired by Billig’s idea of everyday nationalism explore daily occurrences and micro level interfaces between individuals as well as the use of commonplace material culture to showcase national ideals and belongings (Saunders 2006, Cusack 2005, Kong 1999, Huijsmans and Lan 2015, Zubrzycki 2006, Phillips 2012, Jean-Klein 2001, Palmer

1998, Hearn 2007, Azaryahu and Kook 2002, Brubaker 2006, Baumann 1996, Fox 2003).

Specifically under the umbrella of everyday nationalism, this article engages with the notion of multivocalism. Multivocalism is introduced by Kaufmann to interject the debate between the national liberalists and the multiculturalists over descriptions of national identity (2016). Multivocalism values individual's constriction of national identity and argues for their coexistence which enrich the understanding of a particular national identity as a whole. This fourth article highlights multivocalism of Dutchness in the context of hymenoplasty consultation. In so doing, the article provides a new angle to multivocalism, one that is not only of coexistence of different understanding of national identity, as proposed by Kaufmann (2016), but also one of tension and conflict. A study on everyday nationalism in the case of hymenoplasty also contributes to the scholarship of embodied nationhood, spearheaded by feminist scholars, where nationalism is inscribed on the body or enacted through bodily performance (Mayer 2013, Balogun 2012, Faria 2014, Hoang 2014).

The fourth article highlights how people of migrant descent in the Netherlands are consistently seen to always be connected to their ancestral country, despite being born and raised in the Netherlands. Hence, a Dutch person with foreign ancestry can potentially be seen to always have a degree of non-Dutchness in them. At the same time, the person can also be seen to have or demonstrate some level of Dutchness, making them simultaneously Dutch and non-Dutch. In the case of hymenoplasty, a patient who is seen by physicians to desire the operation due to their non-Dutchness, are interestingly perceived by her family to resort to the procedure particularly because she is somewhat Dutch. Dutchness becomes a state of flux in which a person with migrant ancestry can be seen by others to aspire to be more and more Dutch.

### **The Fifth Article: Women Empowerment and Hymenoplasty**

What is specifically interesting from looking at nationalism in hymenoplasty consultations also comes from the fact that the surgery can only be performed on women hence patients who are contemplating the surgery are exclusively women. In recent years, women, migrant women specifically, have often become the litmus test of 'successful integration' in European countries (Kofman, Saharso and Vacchelli 2013, Roggeband and Verloo 2007). Migrant women are seen simultaneously as the most vulnerable group of newcomers (Ghorashi 2010) while also being perceived to be the key to a complete integration of people of migrant ancestry (Roggeband and Verloo 2007). Empowering migrant women then becomes the goal that is in line with the aspiration of having a certain kind of European society (Ghorashi 2010, Roggeband and Verloo 2007).

This focus on women and the idea of empowerment are the central topic for

article number five. I look at how Dutch doctors, coming from the understanding that the patients they are seeing are in need of help, provide assistance to surgery seeking women and frame the help in the claim to empower them. The empowerment efforts Dutch doctors offer their patients are very much informed by the kind of ‘deficiency’ they consider their patients to be in. These deficiencies boil down to two main aspects: (1) patients’ perceived lack of knowledge about the hymen and virginity and (2) patients’ deemed inability to rectify her dilemmatic social situation. To overcome the first ‘deficiency’, some Dutch doctors treat their time meeting with patients as an education session. They enlighten patients with ‘medically correct’ knowledge of the hymen and virginity. As explored in the first article on variability as well as in the third article on demedicalization, some Dutch physicians are convinced that the ‘right’ knowledge of issue at hand will persuade patients to decide against the surgery. In this context, the aim of the empowerment is for patients to choose not to undergo hymenoplasty at the end. To deal with the second ‘lack’, Dutch doctors encourage the patients to ‘talk’, particularly to their betrothed and family. ‘Talking’ is seen by the physicians as a way to convince the people who might be causing the dilemma for the patients to understand the situation and lax their demand. Notably, it is the responsibility of the patients to convince their family to change their mind.

This article also looks at how the empowerment afforded by Dutch doctors to the patients aim to change more than just the immediate situation of the patients. The empowerment efforts are done in the hope to alter the customary practice of people of patients’ ancestry in expecting women to stay virgin before marriage. The empowerment is also targeted for the future as patients are perceived by the physicians to be potential mothers who would be able to amend the situation, educate and make things ‘better’ for the next generation Dutch. This dual role of women as ‘victims’ but also as the ‘solution’ of ‘problems’ are reflective in the wider debate on migration in the Netherlands. However, in the case of hymenoplasty, the roles of women of migrant ancestry are not only perceived, at least by the physicians, to end there. Women are also seen to be potential future ‘oppressor’ for the next generation Dutch women as they might in turn demand their daughter to also keep their virginity before marriage. Ultimately, by interrogating the assumptions the doctors have in providing help and by examining the kind of empowerment they offer and by looking at what roles are casted for surgery seeking women, this article looks at what kind of women subject that are reproduced through the consultation with the doctors on hymenoplasty.

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