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For one drop of blood

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

Ayuandini, S.P.

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CHAPTER IV:

RELIGION AND HYMENOPLASTY

4.1 Article Title

“There’s no bleeding in the Qur’an”: Patients’ rhetoric of religion and culture during hymenoplasty consultations in the Netherlands

4.2 Abstract

This paper contributes to the scholarship of medicine and religion, particularly Islam. Among the plethora of studies on the subject, scholars have explored the relevance of belief systems in cases where certain (medical) procedures are requested by patients who mainly come from the same religious denomination. This paper offers a unique insight by looking at hymenoplasty consultations where religion is brought into medical conversations not as a justification to seek the surgery, but rather in the attempt to dissociate religion from the procedure. Coming from the understanding that both they and physicians find the desire for hymenoplasty regrettable, patients actively excuse religion, in this case Islam, from being connected to motivations for the operation. In an effort to distance Islam even further from hymenoplasty, patients create an artificial divide between religion and culture, in which the former is to be defended while the latter is to blame for their need for the surgery.

4.3 Introduction

This paper contributes to the scholarship of medicine, healing and religion, focusing in particular on Islam, by looking at how religion is incorporated into and excluded from the narratives of patients contemplating a surgery called hymenoplasty. Hymenoplasty is a medical procedure done to alter the condition of the hymen membrane located in the vaginal canal, typically to minimize the aperture (Karaşahin et.al. 2009, Renganathan, Cartwright and Cardozo 2009, Cook and Dickens 2009). For decades if not a century, studies have looked at how and in what ways religion and medicine interconnect, including, to name a few, how religious beliefs affect health care decisions and treatment choices (Wheeler 2015, West 2014), how religious tenets are used to justify certain health care decisions (Sargent 2006) and the effect of patients' religiosity on the course of treatments they pursue (Alferi et. al. 1999, Parsons et. al. 2006). Research is also abundant on the accommodation of religious beliefs and religious practices as a part of care (Dalemaan and VandeCreek 2000, Mohr and Huguelet 2004) as well as in examining the incorporation of religiosity as an integral aspect of health and wellbeing (Bensley 1991, Waite, Hawks and Gast 1999).

Specifically, when it comes to Islam and medicine, scholars have looked at how Islamic reasoning and principles interact with different medical practices (Tober and Budiani 2015). Biomedical and biotechnological advances open up new ways of looking at and dealing with the body (Foucault 1973) and Islamic jurisprudence responds to these medical innovations. Studies have looked at how Islamic reasoning and ethics are evoked due to the advancements in reproductive technologies—such as gamete donation or in vitro fertilization (Clarke 2013, Inhorn 2006), contraception and contraceptive technology (Sargent 2006), organ donation (Hamdy 2012, Rady and Verheijde 2014), end of life (Sachedina 2005) and stem-cell research (Fadel 2012, Chamsi-Pasha and Albar 2015), to mention a few. Among the plethora of explorations into the intersection between Islam and medicine, there is arguably one realm where studies of religion and bodily practices have often revolved around possible correlational relationships: ritualistic surgery.

The term 'ritualistic surgery' was first coined by Bolande (1969) to refer to procedures that necessitate no clinical intervention but are done to fulfill individual needs, for instance the need of parents in cases such as childhood tonsilectomy or neonatal circumcision. Since then, many scholars have produced prolific studies that explore two particular practices that can be seen to fall under this definition: female and male circumcision (Wallerstein 1983, Grisaru, Lezer and Belmaker 1997). These two practices can be argued to be closely interlinked with religion, as the majority of people who adopt, perform and undergo the procedures are commonly of the same belief—

Judaism for male circumcision, Islam for both male and female circumcision (Sipsma et. al. 2012, Gruenbaum 2001, Glass 1999, Rizvi 1999).

The practice of male circumcision has always been associated with religious tenets, particularly in Islam and Judaism (Wallerstein 1983, Glass 1999). For many of the male followers of Judaism specifically, undergoing circumcision is due to religious covenants and not for health reasons (Glass 1999). In Islam, male circumcision is both a health and a religious issue, particularly as the prophet Muhammad recognizes the practice as a part of the rule of Tahara (cleanliness) (Rizvi 1999). It has to be mentioned that non-religious male circumcision is also done, most notably in the U.S., where health-motivated circumcision is practiced routinely (Introcaso et, al. 2013, Wallerstein 1983, Gollaher 1994).

Female circumcision (or what is also known as female genital cutting (FGC)) has been extensively studied in the context of its linkages to Islamic tenets. Scholars have noted how religious figures and authorities have often dismissed the correlation; stating the practice, particularly the pharaonic type, is more of a social construct rather than one that is sanctioned by Islam (Rizvi 1999, Gruenbaum 1991). This claim is made in part due to the lack of justification of the practice in the Islamic holy text, the Qur'an, even though a less severe form of the cutting, called sunnah circumcision, was acknowledged by the prophet Muhammad (Gruenbaum 2001, Johnsdotter 2002). Despite this, people who practice the ritual often make connections between their belief and the circumcision, particularly as both are considered to be interconnected parts of their identity and also because they consider Islam to permeate every facet of life (Johnson 2000, Gruenbaum 2001).

As has been argued by Logmans et. al. (1998), hymenoplasty can be seen as a ritualistic surgery, particularly because it is perceived medically unnecessary by scholars and medical professionals alike (Raveenthiran 2009, Cook and Dickens 2009, van Moorst et. al. 2012). In recent years, hymenoplasty is increasing in demand in places such as the U.S., Canada, various European countries, the Middle East and China (van Moorst et. al. 2012, Amy 2008, Steinmüller and Tan 2015). Hymenoplasty is often requested by women who consider themselves to be no longer a virgin and typically hope to show otherwise to their husbands, family and/or in-laws by the presence of blood after the first marital intimacy (Logmans et. al. 1998, Wild et. al. 2015, Ayuandini 2017a). In the Netherlands, women who request the surgery tend to come from a Dutch migrant background with ancestral links to countries such as Morocco, Turkey, Afghanistan and Iraq (Ayuandini 2017b). Data from this study shows that 80% of these women self-identify as Muslims.

This paper explores a unique case of hymenoplasty consultations, where religion is brought into medical conversations not as a justification to seek the procedure,

but rather in the attempt to dissociate religion from the treatment. Coming from the understanding, shared by them and the physicians alike, that the desire for the surgery is regrettable, patients actively excuse religion, in this case Islam, from being connected to the motivation for the operation. In the effort to distance Islam even further from hymenoplasty, patients create an artificial divide between religion and culture in which the former is to be defended while the latter is to blame for their need for hymenoplasty.

Islamic Jurisprudence on Hymenoplasty

In exploring hymenoplasty patients' rhetoric of Islam, this article does not intend to provide a comprehensive overview of Islamic jurisprudence on hymenoplasty. However, it is useful to mention a few references to contextualize this paper's findings. For a more extensive elaboration on the topic, see Eich (2010), Rispler-Chaim (2007) or Wynn (2016), in which all will be referred to in this section. I will divide the brief summary based on three major sources of Islamic jurisprudence: (1) the Qur'an—the holy book of Islam with verses containing the words of God, (2) the hadith—the documented spoken words of the prophet Muhammad, and (3) the fatawa—the plural of fatwa, a religious ruling issued by religious scholars and authorities who possess comprehensive understanding of Islamic jurisprudence. For each, I will look at how they address hymenoplasty, bleeding after the first penile to vaginal penetration—arguably the most common outcome expected to be achieved through the surgery—as well as the notion of virgin and virginity.

There is no specific reference to hymenoplasty or to bleeding in the Qur'an. In contrast, the Qur'an is very precise in its sanction of virginity—or more specifically 'chastity', particularly before marriage as sexual relationships are confined to the marital realm. This reference is made both in Q 4:25 and Q 5:5 where intercourses outside of the marital bond are pronounced to be unlawful (Rahman 1998). Apart from addressing virginity, there is also some mention of the word virgin in the Qur'an. The word appears in Q 56:23 and then again in Q 66:5 (Rispler-Chaim 2007). In both, virgins are promised as companions to male believers; in paradise for Q 56:23 and when remarrying after a divorce in Q 66:5.

Comparably, the word virgin is referred to in a number of hadiths, ranging from how specifically a virgin can give her consent to a proposal of marriage to the advantages of marrying a virgin. Sahih Bukhari (volume 7, book 62, number 16, 17, 172 and 174) recorded the Prophet encouraging Jabir bin Abdullah to choose a virgin over a non-virgin to marry (Rispler-Chaim 2007). Both Sahih Muslim (book 008, number 3445) and Sahih Bukhari (volume 7, book 62, number 140 and 141) write of a hadith where a husband was advised to spend seven nights with a newly wedded virgin wife while

only three with a newly wedded non-virgin wife (Rispler-Chaim 2007). However, there seems to be an absence of hadiths that specifically indicate any means resembling a procedure of restoring the hymen. There is also an absence of reference to bleeding after the first sexual penetration or if blood could be used as the sign of virginity.

Therefore, when it comes to hymenoplasty, fatawa are where religious rulings are more tailored to attend to specific matters. A fatwa is often sought when the Qur'an and the hadiths are considered to be unclear on a certain subject and therefore, fatawa tend to be more specific in focus. Concerning hymenoplasty, Islamic leading scholars have been polarized in their judgement. Sheikh Muhammad Sayyid Tantawi, a grand mufti (interpreter of Islamic jurisprudence) of Egypt from 1986 to 1996, was known to be sympathetic to hymenoplasty, particularly for rape victims, as the surgery can be seen as a protection (sahr) for her (Rispler-Chaim 2007). In contrast, in 2002 a Saudi mufti, Sheikh Muhammad Saleh Al-Munajjid, published online his ruling against hymenoplasty, declaring it as a route to deceit as it can open the possibility for women to commit zina (unlawful sexual relationship outside of marriage) (Wynn 2016).

Five years later, in 2007, an Egyptian Grand Mufti, Ali Guma, issued a favorable fatwa on hymenoplasty during one of his television appearances (Eich 2010). His ruling was made in response to a statement by Suad Salih, a former dean of Al-Azhar University, declaring that the operation should be allowed specifically in cases of rape or those involving repentant women. Guma agreed with Salih and extended his ruling to allow a wife to lie about her pre-marital sexual experience to her husband in order to save their marriage. Conversely, to provide yet another contrasting opinion of the surgery, a prominent Jordanian Muslim scholar, Hamdi Murad, in an interview in 2009, issued a fatwa that rejected hymenoplasty on the basis of deceit and stated that marital life that started with the surgery could be deemed corrupt (Mahadeen 2013).

Therefore, in short, hymenoplasty is not explicitly addressed in the Qur'an nor the hadiths while the fatawa issued by Islamic scholars and authorities have been varying in their sanction of the operation.

4.4 Methodology

Findings presented in this paper were collected through fieldwork conducted from 2012 to 2015 in the Netherlands. Data were elicited by means of participant observations of 70 hymenoplasty consultations, mainly in two medical establishments with one observation done in a third. The first establishment under study is a public hospital in one of the major cities in the Netherlands while the second is a private clinic situated about an hour train ride from the capital. Ethnographic access to

hymenoplasty, not only on this scale but even at all, is unprecedented due to the sensitive nature of the surgery where confidentiality and secrecy are the utmost concern of doctors, patients and anthropologists.

Being fully aware of this priority, the consent process was made deliberately in layered fashion where permissions were sought separately for observations, audio recording and one-on-one follow up conversations between the ethnographer and the patient. All patients were able to drop out of the study at any point and many chose to participate only in one stage but not others, e.g. they were willing for their conversations with the doctors to be observed but not to have a one-on-one interview with the ethnographer. Consent for the observation was obtained prior to the patients' first meeting with the doctors and it was conducted in-person at the medical establishments. It was made clear to the patients that refusal of participation in the study would not affect treatment. A separate consent was then obtained to audio record the consultations and whenever patients refused, extensive note taking took place. Excerpts and vignettes presented in this paper are transcriptions of the recordings and carefully reconstructed accounts from field notes, both translated from Dutch to English.

Observations of exchanges between doctors and patients were supplemented by one-on-one follow up conversations with the patients whenever a separate consent was obtained. Due to the set-up of the consultations, this follow-up was only able to be done in the public hospital where 1 out of 3 patients were interviewed. In addition, more than a dozen hymenoplasty providers, including general practitioners, sexologists and gynecologist were also interviewed separately. Around half of these physicians worked at the two studied establishments.

Analysis was done cyclically and on-going, in parallel with the conduct of the ethnography where immediate findings and discoveries were used to inform further explorations and exchanges with participants of the study. Later stages of research were mindful of the emergence of key findings and specificities, which then served as an initial foundation for final analysis. The qualitative data analysis (QDA) software Atlas.ti was used when necessary to support a more thorough examination of the findings. Findings, quotes and themes encountered during data gathering, instead of codes that were determined a priori, were then used as the basis for developing a codebook which ultimately informed data synthesis and this article's arguments.

4.5 Findings

No Mention of Bleeding in the Qur'an

Any hymenoplasty consultation observed for this study always began with the doctor soliciting patients' reasons and motivations for seeking the operation. Throughout their experience, doctors in the Netherlands learned that each patient aspired to achieve specific goals when contemplating the surgery and these goals varied from one woman to the next. Most patients desired to bleed, usually during the wedding night with a newly wedded husband. Others wished for their vaginal opening to be tighter—inspired by their understanding that a sexually untouched woman experienced unease of access during her first coitus. Still some patients sought the operation as a means of closure from a troublesome traumatic past, typically from sexual violations. What the patients aimed to accomplish through the surgery was unavoidably linked to their past. Hence, Dutch doctors considered it important to listen to the narrative of their patients' motivations and the background of their requests.

When explaining to the physicians their reasoning for the operation, patients at times brought forth religion as a part of their explanations. In this case, most of the time the patients talked about Islam, as the majority of the patients in this study were Muslims. The following was a narrative involving Najat, a Dutch Moroccan woman. Her story was representative of how Islam entered the conversation in a hymenoplasty consultation.

Najat: *“My mom told me I have to bleed. My sister in law bled a little. My cousin didn't bleed but that's fine because her husband can feel [that she was a virgin]. This is all because of culture. There's nothing [about bleeding] in the Qur'an. Only that you need to be modest (bescheiden).”*

From Najat's account above, it was quite clear that her ultimate aim was to bleed after the first sexual penetration with her new husband. Based on patients' admissions in this study, bleeding was indeed the most common goal of undergoing hymenoplasty. In this context, Najat then brought her religion into her conversation with the doctor by referring to the Qur'an specifically. She stated how the holy book did not mention bleeding during the wedding night.

The physicians also knew well that there was no mention in the Qur'an about bleeding or about requirements for women to bleed after first sexual penetration. This information was even often offered by doctors to patients upon learning that the patient is a Muslim—either by the attire she was wearing or through her volunteered admission. The following conversation involving Oumaima, also a young Dutch Moroccan, was a typical way the doctor introduced the information.

Doctor: *“There’s nowhere in the Qur’an that says women should bleed.”*

Oumaima: *“Yes, correct.”*

Doctor: *“Double standard.”*

Oumaima: *“Exactly.”*

Dutch physicians who were involved in the provision of hymenoplasty were well aware that in the majority of cases, patients who met with them to consider the operation came from an Islamic background. All doctors I talked to confirmed that around 4 out of 5 patients they consulted for the surgery self-identified as followers of Islam in one way or another. Therefore, it was not surprising that the doctors explored a possible connection between the desire for the operation and the patient’s religious belief.

However, most doctors maintained that they did not consider patients’ religion as the main rationale for the surgery. Very sure they were of this view that they often did not actively seek to find out what their patient’s religious belief was when it was not immediately apparent—usually through the patient’s attire—or when the patient did not volunteer this information. This is particularly noteworthy since, as has been mentioned previously, Dutch doctors considered learning the background of the patient to be an integral aspect of their consultation. For this study alone, out of 70 consultations observed, roughly 10% of the time when the attire of the patients did not immediately reveal their religious identity and/or when the patients did not provide a volunteered admission of their faith, I was the one who posed the question to the patient. This was in some contrast with doctors’ solicitation of patients’ ancestral lineage as there was only one occasion when the doctor did not clarify the patient’s ethnic descent. Dutch doctors seemed to be quite comfortable in leaving religion, in this case usually Islam, out of their initial conversation with the patient.

Dutch physicians in this study clarified that based on their understandings there was an absence of reference to bleeding in the Qur’an. This understanding further confirmed their view that religion might not be a relevant motivation for seeking hymenoplasty. This was partly the reason why they then communicated their understanding of the Qur’an to the patient upon learning the patient was a Muslim.

If we go back to the vignette showing the doctor volunteering knowledge of the absence of bleeding in the Koran, we see that the patient readily agreed with the physician’s statement. The patient’s response in this case was typical. Patients were always in agreement with the doctors when information about the absence of a reference to bleeding in the Qur’an was presented to them. But what is important to note here is that the way the doctor made this statement, instead of only providing information or a way of confirmation, can also be seen to insinuate an irony: if there is no religious requirement to bleed, then why aim to do so? This unspoken paradox was not lost on the patients. Consequently, patients often offered an ‘alternative’ explanation as to

why they desired to bleed during the wedding night even if there was no agreed upon religious tenet about it. The following was a conversation between Zohra, a Dutch Muslim woman of Moroccan background, and the doctor.

Zohra: “Yes, my fiancé, I have talked to him about this subject. Yeah, he thinks it is not nice if a girl has made a mistake in her life. Well, I think it’s nonsense because in our belief for men it [sex before marriage] is also not a good thing. But virginity of men cannot be checked/examined (gecontroleerd). He wanted that he is the first for the woman. That’s crooked (krom) but our culture is like that. (with urgency) Belief is not. Belief is fine/perfect (prima). What I mean is that you are similarly assessed.”

Doctor: “In the Qur’an, there is no mention of it [bleeding].”

Zohra: “Yes, exactly, but in our culture it’s shitty (laugh) if I can say so.”

As can be seen in Zohra’s response, which represents many other similar replies from patients, ‘culture’ was the alternative ‘explanation’ patients often offered to doctors for their presence in a hymenoplasty consultation room.

Blame it on Culture

What that word ‘culture’ actually referred to varied from one patient to the next. On occasions, it signified habits of life, customs and rituals, social norms and expectations of a group of people sharing a common ancestry. However, it could also narrowly indicate what different notions, of sexuality in particular, the closest people to the patient—her family, her fiancé and in laws—were used to. It might be useful at this point to also visit what the word ‘religion’ referred to according to the patients. ‘Religion’ seemed to also encompass a different array of meanings, including that of divinity and sacred tenets. Although arguably, patients mostly used the word—as well as its particularities such as Islam, Christianity, etc.—as a ‘catch-all’ phrase to refer to a particular system of belief. From now on, the word ‘religion’ and ‘culture’ will be written within a single quotation mark, signifying that the article is referring to the words patients, and other people in the study, employed. However, I argue that what specifically each of the words fundamentally means is less important than how they seem to be utilized by the patients in hymenoplasty consultations: in juxtaposition to one another.

Zohra’s exchange with the doctor clearly illustrated this. When explaining what was required of her during the first sexual penetration she quickly clarified that the expectation was culturally informed and had a nonreligious basis. Her explanation also highlighted what she understood to be Islam’s position on the matter: both men and women are required to be virgins before marriage. This understanding of Islamic tenets was often brought up by patients when the topic of religion entered the con-

versation. “In Islam, both girl and boy should not have sex before the marriage,” explained Deeba similarly to me when I talked to her after her visit to the doctor.

The statement signified further irony in the patients’ desire for hymenoplasty. Patients explained that Islam, as they claimed to be stated in the Qur’an, does require both men and women to keep their chastity before marriage but it is ‘culture’ and cultural demands that lead to only women being expected to ‘prove’ their virginity during the wedding night. This in turn resulted in women not unlike them turning to hymenoplasty to fulfill the expectation.

This differentiation is crucial. Patients regularly expressed their discontent that there exists an expectation of women to bleed during the wedding night. Consequently, as it is important to clarify here, despite seeking the operation, patients regretted their situation of having to contemplate undergoing hymenoplasty. In fact, almost all considered it unfortunate that they had to resort to such action. Amina, a Dutch Moroccan woman, repeatedly told me that she really did not want to get the surgery but she felt she had to. “I have no desire for the operation, but it is needed.”

Many patients saw the demand to ‘prove’ their virginity to be unfair and unbalanced as, similarly to how Zohra expressed it, they considered there was no available way for men to be ‘checked’ of their virginity. As a result—and granted because of other possible social factors not extensively explored in this paper—within the patients’ social circle, it is more acceptable for men to be non-virgins before marriage and they experience little to no social consequences of that situation². Many of the patients were of the conviction that almost all men they knew were no longer virgins before marriage. The following conversation is a good example of this. It was the continuation of the exchange between Najat and the doctor presented before.

Doctor: *“Do you think these men [who want to marry a virgin] are virgins?”*

Najat: *“No (laugh) 100% sure that they’re not. Only very few are virgins.”*

Doctor: *“But why do they want to marry a virgin then?”*

Najat: *“Yes, that’s culture for you.”*

It is evident from Najat’s remarks that unflinching, when talking about the requirement of virginity, patients alluded to how ‘religion’ and ‘culture’ seem to demand different sets of expectations on women and men. ‘Religion’ equally requires both to keep their chastity before marriage while ‘culture’ only necessitates women to do so. At the very least, ‘culture’ demands women to demonstrate that they are virgins by the time of marriage.

² Scholars have recognized that the provision of hymenoplasty is a productive window to look at the issue gender and gender equality (Christianson and Eriksson 2015, Eich 2010, Wild et. al. 2015, Awwad 2011, Hegazy and Al-Rukban 2012). This is a topic that is undoubtedly relevant to the study and merits a more thorough and in-depth examination which lends it at the present to be beyond the scope of this paper and opens a path for future explorations and analysis.

Performing Virginity

The specificity of expectations highlights what patients ultimately regretted out of their quest for getting the operation: they lamented the requirement to bleed during the wedding night for women. I argue that bleeding is different than just being a virgin. Bleeding is about ‘showcasing’ that virginity. Hymenoplasty patients seemed to understand that they were expected to put on a ‘show’. Amina, providing me with her own way of contrasting ‘religion’ and ‘culture’, stated, “In Moroccan culture you have to show you’re a virgin but not in Islam. In culture you have to show blood but not in Islam.” Amina’s remark reminds us of Goffman’s idea of performance where an individual creates a certain impression of him/herself through the enactment of actions (1978). In this case, virginity is performed through the act of bleeding after the first penetration. This bleeding—what I would call ‘performative virginity’—was what was seen as problematic and regrettable by many patients.

Dutch physicians equally considered the expectation to bleed put upon their patients to be undesirable. This was mainly because they considered bleeding because of the first penetration to be unsupported by scientific findings. Blood loss after the first coitus has been argued and shown by scholars and medical professionals to not always occur (Raveenthiran 2009, Hegazy and Al-Rukban 2012, Christianson and Eriksson 2013). Some doctors also perceived the demand to be largely condemnable therefore it was best if the requirement was no longer imposed on women. This sheds light onto why doctors seemed to be at ease with bringing up the absence of the requirement to bleed in the Qur’an as this clearly distanced ‘religion’ from a problematic custom. Relatedly, Dutch physicians never actively inquired whether or not Islam sanctions pre-marital explorations of sexuality. This again emphasizes the differences between the performance of virginity, which is a practice and deemed regrettable equally by hymenoplasty patients and physicians, and the requirement of being a virgin, which can be seen as an ideal.

Valuing Virginity, Seeing the Loss as a Mistake

However, patients often insinuated that they did not regret that ‘religion’—in this case, Islam specifically—requires virginity before marriage for both women and men. In fact, some aspired to this principle, believing staying a virgin before marriage was an important religious value to uphold. Jasmina, a Dutch Moroccan patient, explained to me, “[...] I have my religion so that’s why I want to be a virgin before marriage.”

Patients therefore recognized that a demand put upon them to stay virgin before marriage does have roots in religious conviction. Time and again, some patients did attribute their fiancé’s desire to marry a virgin to stem from an aspiration to fulfill the religious ideal of virginity before marriage. This remains relevant even if the fiancé

himself was no longer virgin but particularly true in cases where the future husband has maintained his chastity. This was the situation for Rachida, a Moroccan Dutch woman who was marrying her virgin boyfriend. Rachida's boyfriend highly desired to marry a virgin.

Doctor: *"Why is it important to him that you're a virgin?"*

Rachida: *"More because of religiosity. But also because of his expectation."*

Rachida's story was echoed by other patients who were marrying a fiancé who has kept his virginity before marriage; stating that their future husbands considered chastity to be important due to their religious conviction.

As many patients considered religious demands for virginity before marriage to be good, or at the very least acceptable, keeping one's chastity was seen as a virtue and failure to do so was perceived as not ideal, even portrayed in a negative light. Consequently, many patients evaluated the sexual intimacy that led them to lose their virginity to be a regrettable mistake. One example of this concerned a Latifa, a Dutch woman of Middle Eastern ancestry who came in for a consultation accompanied by her boyfriend, Faisal. The couple wanted to marry yet neither of their families agreed with their union. Faisal stated that he wanted Latifa to be able to marry well and in this case that meant her being able to bleed during the wedding night. When asked by the doctor whether they had had sex with one another, Faisal answered, "Yeah, the first time was a mistake. But that was only one time." Hearing that, the doctor ventured further, "Whose fault was it? Yours or hers?" To which he responded, "Both". This kind of admission was not uncommon. Oumaima, for instance, said, "In the Qur'an, Islam says no to sexual relationship before marriage. I am Islamic, I understand most but not all. I understand that it was a mistake. But I didn't do it with anyone else. And I was 18 at that time. When you're in love you say nothing."

Psychological Need for Hymenoplasty: Not to Purge One's Sin

However, framing the loss of one's virginity before marriage as 'a mistake', or even sinful as some patients also sometimes insinuated, does not necessarily mean that the act to seek the operation was seen by patients as an effort to rectify the error. Patients in this study almost exclusively had come to terms with the understanding that their virginity was already 'lost'. In the words of Amina: "I can't go back to being a virgin again." When patients met with the doctor to consult on the operation, their aim was not to reclaim purity—they were not in a quest to restore their virginity in a normative sense. As has been mentioned earlier, patients' goals in getting the operation were much more practical: they aimed to bleed or to be felt as 'tight'. Patients sought hymenoplasty in the hope to sufficiently appear to be virgin during the wedding night; they aimed to successfully 'perform' virginity physically.

Nevertheless, some patients have also alluded to a psychological goal to undergoing the surgery. Particularly for those who lost their virginity as a result of a non-consensual act, they told the doctor hymenoplasty provided them with the closure they needed to move on. Farrah, a Dutch Middle Eastern woman, was violated in her country of birth when she was in her teens before she moved to the Netherlands. Farrah was in her 30's when she met with the doctors. She was not able to even contemplate getting married in the past because she was traumatized by what happened to her, even though she wanted to find a husband. After more than ten years dealing with her trauma, she felt she was finally ready and she saw hymenoplasty as her gateway to a better life. "Back then I was very afraid. Now (almost shouting) I'm afraid. But back then, I wasn't... I wasn't normal. I could not see. But now, I will try. Maybe, everything will be fine. I want to go forward. Everything in the past will be forgotten," explained Farrah to me in her halting Dutch, stressing the importance of the operation as the beginning of her effort to realize the life she always wanted.

For others whose experience of virginity loss was not as traumatizing as Farrah's, hymenoplasty sometimes still also served as a psychological help, particularly in providing them with mental assurance. Many patients expressed that they were willing to go under the knife to feel that they had at least tried everything they could think of to make sure that their wedding night would happen without a glitch. Deeba stressed to me that that was exactly her reason for getting the operation.

Author: *"But the doctor said even if they did the surgery, there might not be blood."*

Deeba: *"Yeah, I know. I've been thinking about that. A lot. But I don't want to say later, I wish I had done it. I wish I had done it. Maybe it would have helped. I wanted to do everything that can help me. I don't want to say later, I wish."*

Hymenoplasty patients in this study ultimately desired to avoid possible unintended outcomes that might happen from being considered a non-virgin by the time of marriage. These consequences range from immediate divorce to experiencing physical violence (Ayundani 2017a). Laila, a South Asian Dutch woman, even repeatedly said, calmly as though stating a fact, that her family would not hesitate to end her life given the worst case scenario.

In light of these possible social and physical repercussions, patients considered hymenoplasty as another step that needed to be taken to feel a little bit surer that they would not have to experience unwanted consequences. Ultimately what patients were looking to gain through the surgery was what they called the feeling of rustig or calmness, akin to having peace of mind. Dutch doctors readily recognized this specific need of their patients. As Dutch physicians tended to be of the mind that there existed

no biological need for the hymen—hence ‘restoring’ it presented no medical necessity—they acknowledged that the surgery might serve to fulfill something more psychological than physical for some patients. “It is the surgery of the mind,” remarked one of the doctors to me. Hence, there existed a psychological aspect to hymenoplasty where patients underwent the surgery to achieve ‘peace of mind’. However, that ‘peace of mind’ was not achieved because hymenoplasty made one ‘pure’ again or helped one purged a sin or corrected a mistake. Rather, the surgery allowed psychological relief by providing patients with mental assurance that they had done all they could to achieve a successful wedding night or, in the case of patients with sexual trauma, by offering them a way to gain closure.

Either aiming for a physical goal or a psychological one or both, hymenoplasty patients in this study framed their desire for the procedure and for the result of the surgery as culturally informed. Normative understanding of these goals, which could arguably be linked closer to religious tenets and religious beliefs were excluded by the patients from their rhetoric. As evident from the previous sections, religious connection to the desire for hymenoplasty was even vehemently denied by the patients; a sentiment that was, to an extent, also echoed by the physicians consulting them.

4.6 Discussion—Defending Religion

It has to be acknowledged that patients’ understanding of what could be constituted to fall under the realm of ‘religion’ and what could be seen to be strictly culturally informed was not always clear. It was not unheard of that patients considered the reason why they were sitting in the consultation room was also somewhat motivated by religious convictions. This was mostly because being a virgin—which was seen as undoubtedly required by ‘religion’—and producing blood during the wedding night—were considered to be almost inseparable for many patients. One constituted the other although ‘showing’ that one bled was more readily understood as separate from simply being a virgin.

Some patients also recognized that ‘culture’ and ‘religion’ equally permeated ways of life and often the two became so intertwined that it was not possible to separate them easily. Social expectations put on them, such as bleeding during the wedding night, sometimes were also attributed by patients to both ‘religion’ and ‘culture’. Hence, it was not surprising that patients themselves considered being a Muslim an important predictor for getting the operation. An older sister of a patient once asked me a question whether I have met patients from various background contemplating the operation. Upon hearing my explanation that I have also met patients of Chris-

tian upbringing, she exclaimed in surprise, “What? I thought this is only for Muslims!” To that remark, her sister, the patient, quickly responded, “No, there’s no mention in the Qur’an about bleeding. It’s about culture.”

Ellen Gruenbaum in her book *The Female Circumcision Controversy* remarks that the strongest argument against female circumcision in Islam is the fact that there is no reference to the procedure in the Qur’an (2001)³. Similarly, as can be seen time and time again from different hymenoplasty patients’ remarks, the fact that the Qur’an does not denote any requirement of bleeding during the wedding night is an important reason for patients, and doctors alike, to distance Islam from hymenoplasty.

But why were patients so inclined to make sure that Islam was not linked to their contemplation of hymenoplasty? Previous sections have shown that the act of getting the operation was seen to be regrettable by the patients. Patients lamented the existence of a requirement for them to bleed during the wedding night. They considered this expectation ‘weird’ or ‘crooked’ or even ‘wrong’. Hence, their action of getting the operation as a result of this ‘obligation’ was also self-assessed as unfortunate. This unfavorable light put on hymenoplasty did not deter those who felt they really needed the operation to be done. It did, however, compel them to clarify and make sure that their belief, which in this case most likely Islam, was not thrust under the same light.

What is important to point out here is that patients’ compulsion to ‘defend religion’ can also be seen from their understanding, as evident in the remark made by an older sister of a patient presented above, that Islam is a good predictor for a woman getting hymenoplasty. They also assumed that others might then ‘blame’ Islam for the desire to undergo the operation. This explains their apparent need to provide a different explanation when the doctors, for instance, pointed out that the Qur’an does not sanction bleeding. Not only could this statement by the doctor be interpreted as highlighting an irony, it could also be seen as trying to assign blame. As a result, patients then offered a different ‘culprit’ upon which the blame can be cast: ‘culture’.

4.7 Conclusion

In exploring the existence of juxtaposition between ‘religion’ and ‘culture’ in the rhetoric of hymenoplasty patients in the Netherlands, this paper does not seek to define what each of the terms really refers to nor how the two fundamentally differ. In lived experience, the two are very much intertwined and co-influencing and an attempt to separate them would not be productive. Even the founding fathers and

³ Although there are some known hadiths where the prophet Muhammad advises for female circumcision in a less severe form (Gruenbaum 2001).

mothers of anthropology, sociology and other social sciences have indeed often acknowledged how religion and culture are very much interwoven (see for example Tylor 1871, Malinowski 1948, Durkheim 1912, Geertz 1973, Douglas 1966). However, hymenoplasty patients in this study did aim for this division to be observed, motivated equally by being self-compelled to provide explanation of their situated irony—wanting an operation they regretted they had to undergo—and by their desire to distance ‘religion’ from any cause that might shed it under a negative light. The patients’ effort might result in an artificial divide but their narratives did actively aim to separate ‘religion’ from ‘culture’ by venerating the former and denigrating the latter.

The aspired division between ‘religion’ and ‘culture’ remarked by patients inadvertently was linked to another important separation. We observed how patients aspired for chastity before marriage and judged themselves for making ‘a mistake’ of experiencing pre-marital sexual encounters. But they also condemned the existence of expectations of showcasing sexual purity through the presence of blood on the marital bed sheet. Here, we see another divide being communicated, one that is of normative and performative virginity. The former, signifying fulfilling the requirement of chastity before marriage, was desired by patients but, based on their own admission, has become unattainable. The latter, involving bleeding during the wedding night, was the patients hope to successfully accomplish by undergoing the operation.

Arguments can also be made that there exists a third separation in the case of psychological goals patients aim to achieve. Psychologically, patients desired ‘peace of mind’ (rustig) through undergoing the operation. This state of a rustig mind was seen to be achieved by feeling assured that one has taken all steps that could be taken to guarantee a successful wedding night. For those with sexual trauma, ‘peace of mind’ could be gained from hymenoplasty as it provided closure to a devastating past. Despite framing being a non-virgin before marriage as a mistake that violated religious expectations, patients in this study did not aspire to achieve ‘peace of mind’ because the surgery allowed them to feel that they have purged a sin. Again, we see here a possible religious link to the surgery being excluded through patients’ rhetoric of desired psychological goals.

Hymenoplasty patients’ quest for an operation they deemed to be necessary but regrettable created an urge to justify their surgical choice while making sure things they valued were not linked to the decision. As a result, an arguably artificial divide was created by the patients between ‘religion’ and ‘culture’; this divide in turn led to the emergence of separations between normative virginity and performative virginity and between the motives of purging sins and finding closure.

4.8 Bibliography

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