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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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DISSERTATION SUMMARY

Variability of Hymenoplasty Recommendations

Essentially a writing about the setting of the research, this article outlines 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. Specifically, I explore how the lack of formal recognition of hymenoplasty as well as the scarcity of public information about the operation affect consultations' result. I trace how the two conditions lead to differences of approach of hymenoplasty consultations in two medical establishments in the Netherlands. The first one is a public hospital and the other is a private clinic. Hymenoplasty costs a mere 10% of the price at the clinic than at the hospital. The lead doctors in both establishment aspire to provide help to surgery seeking women. In the clinic, this help also translates to a low cost of the operation.

Despite having the same motivation to help, the lead doctor in each establishment has a contrasting approach to hymenoplasty consultation. The approach employed is closely related to the philosophy of care of the lead consulting physician, particularly their point of views of the surgery itself. The doctors conflicting point of views of hymenoplasty culminate in a contrast of surgical rate between the two establishments: the clinic performs hymenoplasty twice more often than the hospital. Ultimately, in the absence of systematic structural acknowledgement of hymenoplasty, patients' treatment and treatment outcome are fully dependent on the service providers, particularly the consulting doctors' philosophy of the surgery.

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?

In the case of hymenoplasty, two realizations on the part of the patients are significant when it comes to how religion enters the picture: (1) patients consider the operation as necessary but the desire for it to be ultimately regrettable and (2) patients anticipate that the unfortunate wish might be connected with their highly valued and revered belief. Consequently, patients take an active stance in distancing religion, in this case Islam, from their desire for the operation. Considering the need for the procedure to be regrettable, patients wish for Islam to not be associated with hymenoplasty. However, at the same time, they seem to recognize the need to explain, if not justify, their presence in doctor's appointment room. As a result, hymenoplasty patients create an artificial divide between religion and culture in order to be able to 'blame' the latter for their surgical intention and distance the former from it. In the context of hymenoplasty consultations, surgery seeking women make active and conscious efforts to argue against the possible correlation between their religion and their desire for hymenoplasty.

Demedicalization of the 'Broken Hymen'

The third article stemmed from my observation of Dutch doctors' reluctance in performing hymenoplasty. Dutch physicians view hymenoplasty as a procedure with no medical necessity. With this as the context, I explored what physicians decided to do given their personal and professional convictions about hymenoplasty and whether such convictions influence their recommendations to patients. I found that 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.

As a way of framing an academic exploration of this topic, I examine Dutch doctors' attempt in the context of demedicalization. Specifically, I look at how Dutch physicians demedicalize the notion of the 'broken' hymen. To achieve this, the physicians' efforts are of two prongs: by decoupling medical definition from the understanding of the broken hymen and by offering alternative course of actions to patients contemplating hymenoplasty. The first half of the demedicalization effort is mainly attempted by Dutch physicians by imparting medical understanding of the hymen and its (absence of) correlation to virginity. But what is truly unique in the case hymenoplasty consultations in the Netherlands comes from doctors' address of the second half of the effort of demedicalization: the offering of alternative solutions to patients' problems. These alternatives are the medicalized version of cultural practices originating from the ancestral lands of hymenoplasty patients in the Netherlands. Hence, in their conviction that hymenoplasty has no medical basis, Dutch doctors effectively resort to medicalization—of 'cultural' means—in order to demedicalize the notion of the 'broken' hymen.

Enacting Dutchness in Hymenoplasty Consultation

In the fourth article, which I co-authored with Jan Willem Duyvendak, I explore how patients' common background of having migrant ancestry is addressed and highlighted during hymenoplasty consultations. Patients' foreign ancestry is often perceived by Dutch doctors to be closely related to the social situations that lead them to contemplate undergoing hymenoplasty. Simultaneously, since the origin of the desire for hymenoplasty is considered to be ultimately foreign, Dutch physicians also perceive the situations and therefore the motivations to undergo the surgery as "not Dutch". Hence, physicians consulting hymenoplasty in the Netherlands encourage 'Dutchness' as a way for a patient to distant herself from the desire and the situation that will her to undergo the operation. In the eyes of Dutch doctors, the more Dutch a woman is, the less likely she will consider hymenoplasty. Ultimately, hymenoplasty patients in this study, whose background are exclusively of migrant ancestry, are encouraged by Dutch doctors during hymenoplasty consultations to become more and more 'Dutch' as part of the solutions to their problems.

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.

Women Empowerment and Hymenoplasty

The fifth article can be seen as a companion to that of the fourth as it addresses similar issue but from a needed angle of women empowerment. Here, 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.