Although long term psychological follow up of the 20 patients reported by Logmans et al is not available, the procedure highlights some of the problems of younger generations of migrants. When there is a split between two cultures, one prescribing virginity and the other allowing exploration of sexuality before marriage, the stresses on the individual are enormous. The double standards on the part of the groom's family, which may ask for a virginity certificate, further contribute to the stress. In addition, women who are exploring their sexuality may have no confidants and may feel isolated in their dilemmas. Bekker and Rademakers from the Netherlands point out that these women seek help from a number of sources and service providers may deal with them in different ways.⁵ The clinicians may view the surgical repair of the hymen as reflecting social injustices and yet more hypocrisy. The hymen, of course, is associated with myths, and men who are expected to succeed in defloration and show the evidence are also likely to feel stressed.

The dilemmas in providing this service are many. The loss of virginity may be related to incest and sexual abuse. After vaginoplasty the patient may experience post-traumatic stress disorder. The article of Logmans et al further emphasises the objection to medical intervention in these cases—namely, that it confirms sexual inequality and surgical intervention purely on social grounds.⁵ Without longer term follow up it is difficult to say whether surgery will “cure” all the psychological trauma of these young women.

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Commentary: Education about the hymen is needed

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The celebration of a bloody sheet, vividly portrayed in popular cinema, is based on strong religious and cultural beliefs. The Koran states that a bride has to be a virgin, and according to custom a woman found on her wedding night to have been “touched” brings shame to her family. Consequences include divorce through to death.¹

Young women, understandably, go to great lengths to get their hymens refashioned (hymenorrhaphy) before their wedding.¹ Hymenorrhaphy is illegal in most Arab countries, but it is performed unofficially; specialists undertake five or six procedures weekly (confidential communications). Egypt's trade in hymen repairs, reported last year, reduced “cleansing” murders by 80% over the previous 10 years.¹

The simplest technique of hymenorrhaphy, performed days before a wedding, uses catgut sutures to approximate hymen remnants (with or without incorporation of a gelatin capsule containing a blood-like substance which bursts on intercourse). The definitive procedure approximates undermined hymen remnants or vaginal flaps and often produces vascular bands across the introitus. These women may be told to instruct their husbands that their hymen is very vascular and that he should cut it with a “sharp instrument” before they attempt sexual intercourse.

Appearances are deceptive

In Western society hymenorrhaphy is legal and is comparable with plastic surgery in ethical terms. The concept of deception is not relevant; this operation is done for the woman; and the principle of confidentiality in medicine is as old as medicine itself. But factors such as sporting activities and use of tampons mean that bleeding with first sexual intercourse is not inevitable in the “Western” woman and is an unfair end point. I questioned 41 women

colleagues about this: 14 (34%) bled on first intercourse, 26 (63%) did not, and one could not remember. Previous reports on physical examination of hymens show that the virginal state was certain in only 16 of 28 (57%) virgins,² and appearances relate to tampon use.³

The report of Logmans et al on 20 cases of hymenorrhaphy in second generation Mediterranean and African immigrant women in the Netherlands exposes social issues that are of grave concern. Firstly, the youngest woman was 16 years old, and teenage sex in ethnic minorities is associated with a rising incidence of sexually transmitted diseases⁴⁻⁷ and teenage pregnancy.⁸ Secondly, 10 of 16 girls had been “forced” to have sexual intercourse. Are these girls receiving adequate sexual education, and are they more vulnerable to sexual harassment?

Hymenorrhaphy is justifiable in certain circumstances, when the woman would otherwise suffer disgrace or worse. More importantly, however, young immigrant women require appropriate sexual education and their families need to be educated about their adherence to the “bloody sheet” theory.⁸

I thank the numerous colleagues with whom I have discussed these issues.

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