ABSTRACT

Background: Hymenoplasty, commonly called “revirginization,” is a controversial procedure that pushes the scope of medical practice to satisfy cultural and/or religious “needs.”

Aim: To outline the sociocultural contexts underlying patient requests for hymenoplasty and present Islamic juridical views on the moral status of hymenoplasty for Muslim patients.

Methods: Narrative review of the extant bioethics literature and leading Islamic ethico-legal verdicts.

Outcomes: We identified “Western” and Islamic bioethical debates on hymenoplasty and the critical concepts that underpin ethical justifications for and against the procedure.

Results: From a Western-ethics perspective, the life-saving potential of the procedure is weighed against the role of the surgeon in directly assisting in a deception and in indirectly promoting cultural practices of sexual inequality. From an Islamic bioethical vantage point, jurists offer two opinions. The first is that the surgery is always impermissible. The second is that although the surgery is generally impermissible, it can become licit when the risks of not having postcoital bleeding harm are sufficiently great.

Clinical Implications: Patient requests for hymenoplasty should be approached by surgeons with a willingness to understand patients’ social contexts and reasons for pursuing the procedure and are ethically justified by leading Islamic jurists in particular circumstances.

Strengths and Limitations: This article presents emic and etic perspectives on hymenoplasty in Muslim patients, although our review of the Islamic bioethical stances might have missed some juridical opinions and important considerations. Further, Muslims, even devout ones, might not be beholden to Islamic juridical views on medical procedures and thus physicians should not make assumptions about the rationale for, and ethical views of, patients seeking hymenoplasty.

Conclusion: This article provides critical insight into how Muslim patients, and Islamic jurists, evaluate the moral contexts of hymenoplasty. Bawany MH, Padela AI. Hymenoplasty and Muslim Patients: Islamic Ethico-Legal Perspectives. J Sex Med 2017;14:1003–1010.

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Key Words: Hymenoplasty; Virginity Restoration; Muslim Patients; Islamic Medical Ethics

INTRODUCTION

In the increasingly diverse and multicultural context of modern medicine, value differences between clinicians and patients can contribute to ethical dilemmas in clinical care. For example, patients might request procedures that physicians feel uneasy performing or even find morally objectionable. At the same time, physicians might recommend patients undertake courses of treatment that are critically important for the patients’ health but the patients might find ethically problematic. One area in which such challenges exist and have been well documented is in reproductive health, in which controversies about abortion, contraception provision, and the use of advanced reproductive technologies are part and parcel of daily medical practice and have played out on the news cycle.1–3 Against this backdrop, this article focuses on one such controversial medical practice, namely hymenoplasty. Commonly called “revirginization,” this procedure has drawn increased attention in light of increased demand for the procedure and the way in which the procedure pushes the scope of medical practice to satisfy cultural and/or religious “needs.”
To be sure, clinicians across Europe, the Middle East, and Asia and those in the United States report an increased number of hymenoplasty procedures per year. Patients requesting hymen repair span all nationalities and religions. They include Orthodox Jews and Christians who might be influenced by movements in their own faith traditions emphasizing virginity and those who just want the surgery believing it would enhance the coital experience. Nonetheless, a significant proportion of those seeking the procedure are of Middle Eastern descent and from Muslim-majority countries, and they do so for perceived religious and sociocultural reason. In general, clinicians providing health care to Muslim patients might find themselves in situations in which the contentious nature of the proposed treatments is amplified because of the interaction of cultural, legal, and religious connotations that surround them. Accordingly, the focus of this article is on the ethico-legal analyses and cultural aspects of this procedure for Muslims.

Ethicists around the globe, from the Muslim world to Europe, vigorously debate the ethical merits and harms associated with this surgery. The most common points raised include secular and religious views on deception, the importance of preventing “honor killings” that might arise with the unsanctioned loss of virginity in some cultures, and concerns about perpetuating human rights abuses and violating women’s rights. Although this article will wade into some of these debates, its main focus is on Islamic bioethical perspectives, because those views can, and do, affect the local moral world of Muslim patients seeking the procedure.

Hymenoplasty is the surgical restoration of the structure of the hymen. There are multiple variants of the procedure. The first involves surgical approximation of hymen remnants. When the hymen is torn, remnants can be found at the vaginal orifice. Under local or general anesthesia, the patient is placed in the lithotomy position and the larger remnants are sutured together. Thus, the incised pieces are overlapped to create outer and inner layers. Then, the two layers are stitched, and a small hole is left in the hymen just below the urethral orifice. The incised pieces are overlapped to create outer and inner layers. Then, the two layers are stitched, and a small hole is left in the hymen just below the urethral orifice for menstrual blood and vaginal secretions to exit. The same care regimen is practiced for this procedure and includes application of antibiotic ointment, no dressing, and cleaning the area with warm water. Using this method, patients have reported slightly more post-operative pain with spotty vaginal discharge that resolved after a week.

A third method of hymen reconstruction is known as the “cerclage” method. The suturing technique in this method differs from that in the hymen remnant approximation method described earlier. Although the approximation method results in some fragments that can detach during wound healing and therefore a repeat procedure might be needed, the cerclage method results in an intact, annular hymen at 1-week follow-up without any pronounced complications or increased post-operative pain.

A fourth method of hymen reconstruction is performed using flaps from the vaginal wall when the patient congenitally lacks a hymen or the hymen remnants are hard to find or are unusable. By using vaginal mucosal flaps, alone or in addition to the remnants of the hymen for reconstruction, the reconstructed hymen is stronger and looks more natural. This procedure is carried out in the lithotomy position, under local or spinal anesthesia, and is not reported to cause dyspareunia or increased risk of infection. However, it can cause increased postoperative pain and a longer recovery time.

The medical risks associated with all methods of hymen reconstruction appear to be minimal. Although complications are
rare, they include a small risk of infection or excess bleeding and a chance that the sealing of the hymen is too tight (over-correction), which can result in pain during the first intercourse after surgery. Thus, in general, hymenoplasty is low risk and, as some of the methods described earlier elucidate, can be performed under local anesthetic. The procedure takes 30 to 90 minutes and full recovery takes 4 to 6 weeks. Postoperative guidelines include abstinence from sex for 4 to 6 weeks until the soreness and vaginal discharge has settled, avoiding tampon use, and avoiding exertion or anything that increases pressure in the vaginal region for up to 1 week.

SOCIAL CONTEXTS

The hymen can be torn during a woman’s normal life course, for instance, with horseback riding or through tampon use. Similarly, women who are virgins might have a hymen that stretches but does not break during their first sexual experience. Thus, health care professionals recognize that the association between a woman’s first sexual encounter and vaginal bleeding is not 100%. However, in some cultural contexts, absence of bleeding with the first married sexual encounter can lead to physical and social harm: it has been reported that brides were murdered when the wedding night bed sheets were discovered to be free of blood. These occurrences have been reported to be increasing globally and there is evidence that hymenoplasty can be a “life-saving” procedure.

In Western contexts, hymenoplasty is sought for different reasons. It is mainly pursued by second-generation children of immigrants who are expected to comply with the cultural values of their country of origin, although some might follow the social trends of the country they immigrated to. As noted earlier, women of Middle Eastern descent are the main group requesting the procedure in the United States. Interestingly, some surgeons note that such patients often do so before returning to their countries of origin to find a suitable marriage partner. In contrast to seeking hymenoplasty to meet cultural or religious expectations, some women in the West do so to regain a sense of personal ownership. After experiencing sexual abuse or leaving a relationship, some women have taken restructuring of their hymens as a way to regain what was taken from them and to start anew. For other women, hymen reconstruction can offer a “first of many firsts” in a new relationship and might be used by the woman and her new partner as an emotional bonding experience.

“WESTERN” ETHICAL PERSPECTIVES ON HYMENOPLASTY

From a technical perspective, clinicians recognize that it is the context of the request for hymenoplasty that drives its surrounding ethical discourse, not the low-risk, relatively simple procedure itself. Across Europe, clinicians have been addressing the ethical considerations surrounding this surgery since the 1990s. In the United States, experts have only recently begun to explore the issue. In 2007, the American College of Obstetricians and Gynecologists (ACOG) issued a statement on female genital cosmetic and plastic surgery and deemed hymenoplasty as “not medically indicated.” The “medically indicated surgical procedures” included the repair of female genital cutting and treatment for labial hypertrophy secondary to congenital conditions or excessive androgenic hormones. Other procedures, including vaginal rejuvenation and G-spot amplification, also were deemed “not medically indicated.” The committee noted that the safety of, patient satisfaction with, and long-term complications of these procedures have not been documented in any long-term studies. Thus, recommending procedures such as hymenoplasty for enhancing sexual gratification has been deemed “untenable” by the ACOG and “… it is deceptive … [to advertise] re-virginization … [as] accepted and routine surgical practice.”

In 2015, the Harvard Ethics Consortium furthered the discussion on hymenoplasty by discussing the prerogatives of health professionals in providing or declining surgeries to simulate virginity. The ethics consortium was an admirable first step in promoting a balanced dialogue about hymenoplasty in the United States. The consortium exposed the interplay between a physician’s personal reservations in promoting the procedure and the physician’s desire to practice beneficence, because the surgery can be life saving for women living in some contexts.

Discourse on hymenoplasty from “Western” perspectives often reminds us that the absolutist notion of the hymen as a seal of purity is misguided. (We recognize that the “western-eastern” dichotomy in ethics is controversial and no longer appropriate in a globalizing world. We use “Western” to denote conventional, secular, medical ethics perspectives.) In one study of adolescent girls, 52% of those who admitted having been sexually active had non-disrupted hymens. Further, there is evidence that 50% of women do not bleed during first sexual intercourse. From data such as these, detractors argue that hymen reconstruction should not be part of standard medical practice because it perpetuates a false notion. In fact, published guidelines on how to perform hymenoplasty are not found on the website of the American Congress of Obstetricians and Gynecologists. Detractors argue that community and public education regarding the lack of a direct link between virginity and hymenal rupture would do more service to society than would surgical hymen repair. Furthermore, some argue that because neither bleeding nor proof of virginity is required from men in cultures that prize postcoital bleeding from presumed intact hymens, physicians who engage in hymenoplasty might be indirectly contributing to, and propagating, cultural norms that promote sexual inequality.

Another related line of argument against performing hymenoplasty is the notion that physicians who perform hymenoplasty are contributing to deception. In other words, they might be helping non-virginal women potentially deceive their partner about their sexual status. Taken in this context, the procedure
might be considered by some as unethical. However, such an argument introduces other complications: is it the physician’s responsibility to interrogate the rationale behind a certain request and how would the physician be assured of an accurate answer? Guidelines from the ACOG offer guidance for the physician when faced with a request for a surgical treatment that is not traditionally recommended, including hymenoplasty. These guidelines stress the importance of using the “interpretive model” of medical counseling in the face of such requests and recognize that there are two moral agents in a patient encounter: the patient and the physician. Sound communication and moral deliberation are the hallmark of good decision making around controversial procedures.

The interpretive model of medical counseling emphasizes alliance, communication, and clinical empathy—the ability to “be attuned to and follow up on the patient’s emotional signals.” Physicians should first assess current data regarding the requested procedure and its associated risks. The patient’s concerns and goals should be explored, and the physician should offer appropriate education if necessary. After discussion, if “the physician believes that the surgical option is best for this individual woman and her life circumstances, then it is ethically permissible to perform the surgery … if the physician believes, based on evidence, that performing the surgery would be detrimental to the overall health and welfare of the woman, he or she should not perform the surgery.” The guidelines further emphasize that, in these latter circumstances, “physicians do not have an ethical obligation to refer the patient to a willing health care provider.”

Accordingly, some ethicists argue that hymenoplasty can be incorporated into conventional medical practice on non-clinical grounds because most individuals who seek hymenoplasty do so because of sociocultural considerations and a percentage do so to avoid future harms (psychological and/or physical). Proponents of the procedure at the Harvard Ethics Consortium judged that, in light of the potential harms a patient might face, surgeons who performed the procedure would be acting in accord with the guideline set forth by the American Medical Association: when treating a patient, a physician should regard responsibility to the patient as paramount. Hence, physicians should consider the prevention of these harms as their primary aim while performing the procedure. Assuredly, physicians have come into the crossfire, because some report threats to their lives for performing the surgery. In consequence, these threats illustrate the “danger” that surrounds hymenoplasty and makes holistic ethical analyses critically important.

Currently, much of the discourse around hymen restoration in the medical literature has provided an etic (outsider) perspective. Equally important is consideration of the emic (insider) perspective stressed so emphatically in the ACOG guidelines for elective surgery. Examining Islamic ethico-legal views on hymenoplasty could provide insights into the moral frameworks that contribute to Muslim provider and patient attitudes toward the procedure.

**ISLAMIC VIEWS ON VIRGINITY**

Directly related to the ensuing discussion is the Islamic stance on fornication and its status as a major sin. This is explicitly mentioned in the Qur’an:

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ولَا تَقْرَبُوا الْزِّنٍّ إِنَّهُ كَانَ فَحْشًا وَسَيْيَمًا
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[And do not approach unlawful sexual intercourse. Indeed, it is ever an immorality and is evil as a way].

The severity of this sin is made clear by the traditional punishment for it prescribed in the Qur’an: “The [unmarried] woman or [unmarried] man found guilty of sexual intercourse—lash each one of them with a hundred lashes, and do not be taken by pity for them in the religion of Allah, if you should believe in Allah and the Last Day. And let a group of the believers witness their punishment.”

Lest one imagine Qur’anic verses to be sufficient in outlining Islamic law, it is important to note that these verses must be brought together with statements and practices from the Prophet Muhammad and from legal precedent to determine the penal injunctions surrounding illicit sexual relations. Jurists from various schools of law have detailed these injunctions and have underscored that the burden of proof lies on those who claim sexual promiscuity. Should the proof not be present, the claimant faces severe penalties for slander.

Returning to our context, the verses evidence the moral significance of virginity but do not detail the significance of wedding night bleeding for women. Custom and culture dictate these associations. Thus, in certain Muslim societies, the loss of virginity on the wedding night is more of a social custom than a part of Islamic law proper. In fact, the lack of bleeding is not sufficient as legal evidence for a non-virginal status.

**ROLE OF MUSLIM JURIST IN APPROACHING NOVEL BIOETHICAL ISSUES**

Shari‘ah (Islamic law) is a mainstay of Islamic normative ethical reflection. It is derived from Qur’anic rulings and prohibitions, Prophetic sayings, teachings, and injunctions, compiled as Hadith, and scholarly interpretations of these source texts to apply them to novel situations. From the Islamic perspective, biomedical issues, such as surgical techniques to restore virginity, occur in human-human and human-divine realms. Thus, discussions must account for these two considerations. If the answer to a particular modern-day question is not apparent in Islamic texts, namely the Qur’an and the Hadith, then Muslim jurists work to derive an ethico-legal rule to differentiate between right and wrong. Based on their interpretations, scholars can reach different conclusions about cases.
A special class of jurists, known as muftis, produce fatāwā (circumstantial non-binding recommendations) after examining an issue brought to them by a questioner. Sometimes, the mufti will discover the answer to a question explicit in the scriptural source texts: the Qurʾān, Prophetic narrations, and the Ḥadīth. In other cases the jurist must use techniques and tools that build ethico-legal stances from scripture. This process and the devices it entails are part and parcel of the science of usūl al-fiqh. At this point the jurist is engaging in the process of ijtihād, literally an exertion to produce a ruling, for the questioner. The process of ijtihād is a reflexive one in which the jurist examines scriptural sources in accordance with the rules of usūl al-fiqh. He might look to a genre of Islamic law called maqāsid al-shariʿah, the higher objectives of Islamic law, which sets out the meta-ethical values and human interests all Islamic law aims to serve and might interrogate a body of Islamic ethico-legal maxims termed qawāʿid al-fiqhīyyā. After looking through these Islamic ethico-legal genres, a calibrated ruling is fashioned. Importantly, although the ruling, or fatwa, that a Muslim jurist produces is non-legally binding, it is viewed as an authoritative Islamic religious decree.

Before moving to presenting representative rulings of Islamic jurists on hymenoplasty, a brief word on the “higher objectives of Islamic law,” and maxims will assist the reader in following the juridical logic. The maqāsid al-shariʿah are inductively derived from scripture, and although jurists have developed multiple versions of these objectives, the following five are nearly universally agreed upon: protection of religion, protection of life, protection of progeny, protection of intellect, and protection of wealth. Notable qawāʿid include lā qarar wa lā girār and al-mashaqqah tajlib al-taysīr. The maxim of lā qarar wa lā girār represents a mandate to minimize harm and its related maxim of mashaqqah tajlib al-taysīr supports the notion that hardship must be removed.

**ISLAMIC LEGAL VIEWS ON HYMENOPLASTY**

Hymenoplasty falls under the juristic category of modern-day issues and thus has no direct textual reference in the Qurʾān and Ḥadīth indicating whether it is permissible or impermissible. In consequence, leading Islamic jurists have examined hymenoplasty through the maqāsid al-shariʿah and the qawāʿid al-fiqhīyyā, and two main opinions appear in the literature. The first opinion is that, from an Islamic perspective, it is absolutely impermissible to repair the hymen. The second opinion rules hymenoplasty to be generally impermissible, but it can become conditionally licit in extenuating cases.

The main objection to hymen repair lies with the idea of tadlīs (deception). Because after the surgery it is impossible to distinguish between a “real” virgin and a woman whose hymen has been surgically repaired, the procedure involves deception against the husband. In principle, deception and misrepresentation are forbidden in Islamic law. Moreover, these can be grounds for annulment of a marriage if the deceived party chooses to pursue this option. Supporting the prohibition is an argument based on one of the maqāsid al-shariʿah, the preservation of lineage. Jurists argue that hymen repair, with the intent to obscure virginal status, could lead to confused lineage. A woman who poses as a virgin could have been impregnated by a previous sexual partner, and her current husband would never know that the child born to him and his wife is actually from another man. The fact that a man is raising and giving his name to a child not born from him (knowingly or unknowingly) confounds lineage rights.

Another argument against hymen repair is based on the usūl al-fiqh construct of sad al-dharaʿi (blocking the means to evil). Consideration of this maxim has led to a ruling against hymenoplasty because of concerns that the surgery opens the door to facilitating the prohibited act of fornication. If the procedure were to become part of routine practice, the unintended consequence of increased sexual promiscuity might be fostered.

A final argument advanced against the permissibility of the procedure is that the motivations for the procedure do not reach the point of bringing the maxims of lā qarar wa lā girār and mashaqqah tajlib al-taysīr into effect. These are used to make the impermissible permissible in times of extreme need. On this basis, cross-gender interactions, and particularly revealing one’s private parts to a person from the opposite sex, are made licit in medically indicated health care encounters. This conditional permissibility requires evidence of need, and detractors suggest that hymen reconstruction is not a true medical need. Further, the fear of familial or societal repercussions might be misconceived or exaggerated and is deemed insufficient for compromising the prohibition stated earlier.

Conversely, some scholars have supported a second stance on hymenoplasty: that it is generally impermissible, but there are circumstances that allow for permissibility. Jurists supporting this opinion have identified general scenarios that make the procedure ethico-legally valid. In the first scenario, should the hymen have been ruptured accidentally or by an action not considered to be a sin and if it is deemed most likely that the girl will suffer hardship and unfair accusations because of the customs and traditions of her society, then doing this operation is raised from permissible to morally obligatory to perform.

Scholars supporting this ruling cite the concept of satr al-aʿrab in Islam. The phrase satr al-aʿrab means to hide the parts of the body or its defects and disabilities that, if exposed, would cause shame and distress to the owner of that body. In the case of hymen restoration, performing the surgery would cover the fact that the girl had a previously torn hymen and could save her life. It has been emphasized in the Qurʾān that whoever saves one soul is likened to one who has saved humanity at large. Scholars aligned with this view further cite the maxim of mashaqqa, discussed earlier, and deem the social stigma and psychological harm associated with tarnishing the reputation of a
girl whose hymen was accidentally ruptured a justifiable cause to pursue surgical restoration.

Another scenario that allows for conditional permissibility is one in which rupture is caused by fornication in a case that is not well known among the people, and there is probable harm for the woman because of her “non-virgin” status. In this case, the doctor has the choice of repairing the hymen or not, although it is better to repair it.\(^{48}\) This opinion is elaborated on by a doctor has the choice of repairing the hymen or not, although it is better to repair it.\(^{48}\) This opinion is elaborated on by 'Ali Gomaa, the former Grand Mufti of Egypt, who noted, “it is permissible to medically reconstruct this membrane [the hymen] in order to prevent scandal.”\(^{54}\) He supported this statement by citing the writings of previous scholars recognizing the “virgin-status” of a girl who lost her virginity in secret, without public knowledge of her having done so, and who repented and did not engage in the act in the future. Because of her sincere repentance, she “is legally [considered] a virgin, even though she is not truly a virgin,” and thus there is no problem in allowing modern surgical “revirginization” if she wishes. Other notable scholars, such as Khaled Al-Gindy, a member of the Higher Council of Islamic Studies in Egypt, support the aforementioned fatwa by asserting that men have no “sign” to indicate whether they are virgins or not, and it is not rational for us to “think that God has placed a sign to indicate the virginity of women without having a similar sign to indicate the virginity of men.”\(^{52}\) Interestingly, these scholarly views on the hymen align with those expressed by modern medicine, those stressing the uncoupling of the hymen and virginity.

**DISCUSSION AND FINAL THOUGHTS**

Muslim women in Western countries are positioned between two worldviews with totally different ideas concerning sexuality: a religiously inspired culture prescribing virginity and a more permissive culture that allows for sexual exploration before marriage.\(^\text{51}\) In this article, we explored the Western and Islamic bioethical debates on hymenoplasty that acknowledge religious-cultural views about the significance of virginity.

From a Western-ethics perspective, the life-saving potential of the procedure is weighed against the role of the surgeon in directly assisting in a deception and in indirectly promoting cultural practices of sexual inequality. From an Islamic bioethical vantage point, jurists offer two opinions. The first is that the surgery is impermissible. The second is that the surgery is generally impermissible but is acceptable if the hymen was ruptured accidentally or if the woman engaged in illicit intercourse in secret, repented, and did not pursue further illicit relations afterward. The ruling of impermissibility was backed by numerous tenets of Islamic law, among which included the general impermissibility of deception, especially with regard to marriage. Nonetheless, Islamic scholars, just like Western ethicists, have realized the life-saving potential of this surgery. In societies in which religious officials have endorsed it, hymenoplasty has led to a sharp decrease in honor killings.\(^\text{54}\)

Against the backdrop of a globalizing medical practice and ethical diversity and plural culture in the halls of medicine, hymenoplasty represents a procedure that brings to the fore the interplay among social, cultural, and religious values in bioethics. This article lays bare these complexities by discussing current evidence regarding hymenoplasty, exploring various social contexts for requests, and elucidating how Muslim jurists are using their own ethical frameworks to tackle thorny issues around the moral significance of virginity. In so doing, the article advances an optimal model of shared ethical decision making in medicine in which partnership between patient and physician is central and the moral frameworks of patients and providers are openly discussed.

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