

EXPLAINING THE UNDERSTANDING AND EXPERIENCES OF GYNECOLOGISTS AND MIDWIVES ABOUT VIRGINITY EXAMINATION: A QUALITATIVE STUDY

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ABSTRACT

Aim: Virginity examination is known as a custom and norm in some countries including Iran and today, medical teams are involved in the examination and hymen repair process. The main purposes for virginity examination are mentioned as evaluation of continence, delay for sexual relationship until marriage, HIV/AIDS/STIs prevention, keeping honor of family by defending of females' virginity in different cultures. However, making a revision in medical practitioners' role for performing this process is seemed essential following different views of the practitioners and towards virginity testing and hymen repair. It is necessary to investigate the related beliefs to make an informed and responsible decision for reproductive health system. Therefore, this qualitative study aims to explain gynecologists' and midwives' perceptions and experiences towards virginity testing and its consequences.

Material and Method: This qualitative study was conducted using the content analysis method. Fifteen participants including 7 gynecologists and 8 midwives recruited by purposeful sampling method for beginning and then snowball sampling method. They were interviewed by semi-structured in-depth individual interview using a guide questions. All interviews were recorded and transcribed verbatim. Transcripts were coded and analyzed using conventional content analysis method.

Results: Content analysis showed 2 categories "the examination's identity" and "the examination's requirements". The category of "the examination identity" had two sub-categories including 1) the reasons for virginity testing, and 2) prognostic value of the examination. The subcategories of "the examination's requirement" were 1) the necessity for planning and monitoring of the examination process and for the consequences of negative results, 2) training, support and safety of medical and midwifery system, 3) reproductive health rights and ethics.

Discussion: The results showed that virginity test is not related to medical intervention such as prevention, treatment or rehabilitation. It can't exclude sexual activity and causes undesired consequences. Health system promotion for increasing quality of test and education-based community empowerment are two basic approaches to protect reproductive health rights.

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Introduction

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Virginity examinations in some countries including Iran is known as a custom and tradition and today, the medical team involve in the various stages of its examination and repair. The primary purposes of this examination have been announced as sexual restraint, delay in having sex till marriage, preventing the spread of sexually transmitted diseases and AIDS and protecting the family honor by defending the virginity of girls in different cultures [1, 2]. Socio-cultural issues such as restricting sex in girls before marriage and the need to prove it and the lack of this limitation for boys before marriage affect this issue. Sexual serotypes in society can effect on the reproductive health services and involve all service-providers in a harmful behavior in terms of reproductive health because on the one hand, virginity is not necessarily meant no history of sex in girls and on the other hand, it can promote non-vaginal sexual contact such as anal and oral contacts in order to preserve their virginity. In addition, damage or the absence of hymen does not mean no history of sex and some issues such as rape, damage as a results of self-satisfying, damage as a result of child abuse and the biological lack of hymen are the matters which reject this test for approval or disapproval of sex [3].

In some African countries, there is a scoring system for hymen health as the result of premarital sex. Score A is given to the girl whom her hymen is intact and without problem, so has not had sex and protected her family's honor. Score B is given to a girl who has had one or two sex or may be even raped and score C is for a girl without hymen and therefore has had several sexes [4].

Social norms related to honor and shame have an important role in virginity test. In line with the norms of femininity and masculinity of young people in the society, this test is formed while women have the subordinate role in having sex [5] and in the toughest situations, it may lead to death and killing for protecting the honor of family. In conjunction with the formation of this test, the relationship between the medical team, social norms and even Legal Medicine is concerned [6].

This test is often done in African and Asian countries. Religion and culture have an important role in acceptance of this test. The increasing number of demands for virginity repair in European countries shows the dominant role of cultural beliefs in acceptance of this test and virginity repair in order to defend the honor [7-9]. None of mentioned reasons for doing this test are for protection or promotion of girls' health. On the evaluation of this issue in moral angle, its opposition to the rights of patients is expressed, because often other people (family of the girl or the family of her future husband) bring her for examination. Thus, the matter of obtaining the girl's informed consent is ignored. Social pressure plays a role in decision-making of the person and his family. The girl's right on her own body physically and mentally is ignored, the test result is openly reported to her parents or parents of her future husband (it is contrary to the principle of medical confidentiality), the girl cannot ask for keeping the result confidentially. After a negative result, some problems may occur that health system is not able to respond them [10-12]. According to the annual report of the United Nations Population Funds (UNFPA), 50000 honor killings occur based on the results of these tests [13].

Different viewpoints about the virginity examination and surgery of its repair has created challenges and discussed about the medical value of this examination. In communities with immigrant population, physicians under the influence of women's rights and to prevent the honor killings, verify the virginity in cases if rupture or do the repair surgery [14]. In countries that sexual relations before marriage is forbidden for girls in terms of religious, moral and social views, virginity repair and virginity confirmation of girls who have had sexual relations, are done secretly [15]. In Iran, efforts to describe the anatomical differences in hymen structure have been done which introduce this test as a common examination [16], but due to the lack of study in regard to the experiences of experts and examiners and because of the closeness of its relationship with the beliefs about honor, the need for an in-depth study regarding the role of medical experts in virginity test, problems and future issues that a girls faced with them, the present qualitative study was conducted aimed to find the relationship between virginity examination and its consequences from the viewpoints of gynecologists and midwiferies who provide health cares to take a step towards designing and more effective implementation of services.

Methods:

This qualitative study was performed on gynecologists and midwiferies in 2014. The qualitative research has the required flexibility to explore the perceptions of people, daily experience and discussion and data analysis and can reveal undiscovered issues by the quantitative methods [17]. The approach used in this study was content analysis. Content analysis is a research and objective method to describe and determine the value of phenomena. This method allows researcher to test the theoretical implications for promoting knowledge in regards to the findings [18]. A purposive sampling was done initially and then was continued with snowball method. Participants in this study were 15 gynecologists and midwiferies who had private or public offices and lived in Shiraz and Tehran. All had the experiences of virginity examination and issuing of health certificate. The interviews were performed in private or public offices in Shiraz and Tehran.

Data collecting was done using the guide of semi-structured questions and through a deep personal interview. Validation of question guidance was performed by 3 professors with experience in reproductive health. After obtaining an introductory letter from Shahid Beheshti University of Medical Sciences, data collection was conducted through a deep personal interview. Before the interview, consent of individuals were achieved. Each interview lasted 60 to 90 minutes. In some cases, the second and third interviews were done to confirm data and fill the probable gaps and finally 19 interviews were taped. The interviews were continued till a new code was not extracted and data were saturated.

Guidance questions included the below items:

- 1- What is your experience about the virginity examination and its consequences?
- 2- How is your understanding about the effect of this examination of the health and reproductive health rights of young people?
- 3- What is your experience and understanding of the needs of health system in regard to this test?

Data analysis was done using the content analysis method. All interviews were recorded and transcribed verbatim and coded in the same day. First, each interview was analyzed and then next interviews were performed. Given that researchers selected inductive content analysis, the analysis process of qualitative findings including open coding, creating groups, categories, creating classes and summarization were performed. Data analysis was used through an inductive content analysis which is usually used in cases that the purpose of researcher is to describe a phenomenon which new theories and published articles about it are limited.

Researchers do not usually use the pre-determined classifications, in contrast they allow that classifications and their names appear among the findings and finally classes are derived [19]. The focus of this approach, communicating and expressed characteristics are according to the content and context of semantic units [20]. In order to ensure the accuracy and reliability of the qualitative data, four criteria of acceptability, being transferable and appropriateness, determination (to achieve similar findings in case of evaluation of reports and manuscripts and research notes by researcher) and consistency were used according to Guba and Lincoln comments [21]. Acceptance of data increased by proper communication between the researcher and the interviewee, presentation of the results and analysis to the others, presentation of the extracted codes to participants to evaluate the correct understanding of their views, using various samples including service providers, administrators and faculty members in different areas of reproductive health services and with different experiences and with maximum variation in age and work experience. Being transferable and data appropriateness were carried out by the exact recording of participants' characteristics including age, sex, work experience, professional area of services, research process and works which were done in rout of study. To increase determination of all research stages including audio file, encoded text, notes, analysis and documents related to the acceptance and verification of data were documented and two experts in qualitative researches and reproductive health were asked to review the reports and manuscripts and present their results and determine the similarity in conclusions that there is no similarity in more than 90% of cases. Separated encoding of interviews' texts by researchers and achieving a unite comment in more than 80% cases and using a foreign supervisor were used in confirmation of similarity.

Results

In this study, 15 individuals aged 32-55 years with 5-25 years of work experience were interviewed.

Table 1- characteristics of participants in the study

Analysis of qualitative data created three categories and 8 sub-category and 42 codes. The extracted categories were included

Expertise	Age	Marital status	Work experience
Gynecologist	48	Single	15
Gynecologist	44	Married (3 children)	20
Gynecologist	55	Married (2 children)	25
Gynecologist	40	Married (1 children)	4
Gynecologist	40	Married (1 children)	10
Gynecologist	43	Married (2 children)	12
Gynecologist	42	Single	5
Midwife	40	Married (2 children)	15
Midwife	38	Married (2 children)	10
Midwife	47	Married (without children)	14
Midwife	38	Married (without children)	10
Midwife	32	Married (without children)	6
M.Sc. of Midwifery	42	Single	13
M.Sc. of Midwifery	40	Single	10
M.Sc. of Midwifery	38	Married (2 children)	15

the nature of examination, requirements of examination and prevention of negative consequences of examination which was

placed in the category of nature of examination, sub-categories of the causes of virginity examination, diagnostic value of examination and consequence of examination. Category of the requirements of examination were included the sub-categories of the need to program for supervision of examination and the consequences resulted from the negative results, education, support an security of medical and midwifery system, morality and reproductive health rights and community empowerment strategies and solutions to prevent the consequences of the results of examination were placed on the third category which means the prevention of negative consequences of examination.

Table 2- Categories, sub-categories and extracted codes of understanding and experience of gynecologists and midwiferies from the virginity examination

Categories	Sub-categories	Codes
Nature of examination	Causes of virginity examination	Imposing the society customs to the medical duties
		Economic incentives
		Responsiveness to customers
		Defense from girls against the charge of husband
		Demand of girls to know about their status
		The man's right to set the condition of virginity for marriage
		The community's belief about the necessity of virginity of a girl
	Diagnostic value of examination	Not-having the ability to recognize previous sex
		Not-having the values of treatment and even prevention
No value for sexual-reproductive health		
Requirements of examination	Programming to supervise the examination and its consequences	Manpower training
		Training the examiner about the announcement of results
		The need to consult with couples about the damaged cases
		Supporting the affected girls to prevent further adverse consequences
		Developing guidelines for comments about the repaired hymen
	Training, support and security of medical and midwifery system	Training in regard to hymen examination
		The need to support the examiner in solving problems after examination with negative results
		Allocation of places with legal security for examination
	Ethics and reproductive health rights	Respect
		Getting permission from the girl to reveal
		Defend the girl's rights by hiding and untrue reports
		Waived to save the girls' lives
		Prevention of psychological trauma of girl and boy
Need to a practical approach in affected cases		

1- Nature of examination

Sub-categories of the causes of virginity examination and diagnostic value of examination were in this category:

1-1- Causes of virginity examination

Imposing the society custom to medical duties, economic incentives, responding to the clients, defending girls against charges of husband, girls' demands to know about their status, man's right to put the virginity condition for marriage and community's belief about the need of virginity for girls were considered as the causes of virginity examination:

1-1-1-Imposing the society custom to medical duties

All participants agreed with this matter that this examination has no place in prevention and treatment:

"I said it for several times that we, ourselves, are the followers of tradition and culture. If a person accepts the culture and tradition, so he/she has to observe a series of issues" (MA of Midwifery, 40 years old, single).

Another participant added: "I think it has become a custom; actually, this test is become a custom, but has not have any treatment or diagnostic value" (Gynecologist, 40 years old, married).

1-1-2- Economic issues

Some participants relied on the economic aspect and knew this point important as the society ask for that and anyway is a case with a defined tariff: "the rule gave me this right and has determined a tariff for it that if I am working in the private section, it is a very good tariff. I cannot reject anyone easily and say no and mention on head of my office that any health certificate will not be issued in this office. No health examination, No. When I came to work in the private sector, my purpose was that if I am using my time with my child and family, I have to get the results. To use my studies well. So even if I had criticism in

some cases, I cannot reject it. I cannot easily say that I will not do any examination. I do examination and it is because of economic issues at least for 70% of cases" (MA of Midwifery, 30 years old, marries).

One of the most experienced experts added: "I have done many cases of examination and tried to discuss issues without stress, but legislator who put this examination as my income, needs to pay attention to the consequences and protect the girls' rights. I have no power" (Midwife, 47 years old, married).

1-1-3- Responding to the clients

Most participants raised the issue of client tribute: "the truth is that a family came to me and asked for it. Their girl had also come with them and this issue if she's come into force or has asked herself or because of the fear of disgrace, I cannot recognize and even if I understand I cannot reject examination. They have come and have a request, so I do the examination" (Midwife, 40 years old, married)

1-1-4-Defending girls against the charges of their husbands

One of the participants who had a lot of experiences in relation to the hymen examination, knew this examination and health confirmation of girl as a way to defend against the charges of husband and said: "many of men have no knowledge about types of hymen and think traditionally that all women must have bleeding in their first sex. Now, if the hymen is elastic and without bleeding, this man let himself to make scandal, so that the girl can be acquitted" (Gynecologist, 48 years old, single).

Some participants do the examination to assure girls, despite that they did not know it necessary in terms of medical issues: "in fact, this examination is a guarantee. A guarantee for the girl and we do not want to violate her rights. In our society, men have the higher rights and this is the fact which is in our society and this letter is actually for supporting girls, especially for the ones without bleeding" (Gynecologist, 48 years old, single).

1-1-5- Girls' demand to know about their status

Girls' demand for the examination and knowing their status was one of the other cause of doing examination: "many of patients come by themselves for this matter and it is not a problem anymore. They want to gather some information about it" (Gynecologist, 55 years old, married)

One of the participants added: "there are some visitors who have had sex and almost know about their status and come to me to find a solution more, due to they know we will face with problems in their marriages. Of course, I do not agree with hymen repair, but know that they will solve their problem" (Gynecologist, 40 years old, married)

1-1-6- Man's right to put the virginity condition for marriage

Almost most participants knew the society's belief in creation of the right for men, considerable and important: "I had a female visitor who had come with her husband and was accused because she did not have bleeding in the sexual relationship. I was doing the examination her and the hymen was really elastic, but unfortunately the man did not accept and said this kind of elastic hymen which is without bleeding is something which is made by you. There is no such thing. I was telling the woman it was better for you to get this letter before marriage, so he could know that you may not have bleeding and had a previous mentality not now. All that time, he was saying that you are a woman and are defending her and he did not accept eventually" (Midwife, 47 years old, married)

1-1-7- Society's belief about the necessity of girl's virginity

Most of participants know the society's belief about the necessity of girls' virginity as one of the reasons of girl's family welcome to do this examination: "when a girls is come for examination, her mother sits on the other side with anxiety and stress and is waiting to get a certificate that my girl is healthy and then shows it to her father and groom's family with honor" (Midwife, 38 years old, married)

One of the most experienced professionals added: "Our culture is a special one. We cannot change it all as we are in the twenty-one century. There is no such thing. Even our very educated and high-level families bring their daughters for examination, just to prove that our child is healthy and do not any bad relationships" (Gynecologist, 55 years old, married)

1-2- Diagnostic value of the examination

Hymen examination was described without value to diagnose having sex, without medical treatment and even prevention values and without value for sexual-reproductive health:

1-2-1-Having no ability to recognize sex

All participants emphasized that the result of this examination cannot judge if this person have had previous sex or not. On the other hand, they were not satisfied with incorrect judgments which are made based on the results of this examination: "can it be as the sexual criterion or virginity of a girl? How much we can trust to this test to make judicial decision on it or give the right to someone" (Gynecologist, 44 years old, married)

One of the participants added as well: "Frequently, there are surface relationships such oral and anal sexes that unfortunately, its statistics is high in our society. This test cannot reject or approve them and finally several sexual positions may be done" (Midwife, 38 years old, married).

Another participant said about the incorrect understanding of people regarding this examination that: "People cannot accept that a girl can be without hymen or have an elastic one. Explanation of it for all people is very difficult. They cannot accept it

while that girl has no problem, physiologically and is healthy. From another viewpoint, the girl can have sexual relationship and is not explainable in one examination" (Gynecologist, 55 years old, married)

1-2-2-Having no treatment and even prevention values

All participants agreed that this examination is not included in none of medical areas including prevention or treatment. One of the participants said: "I think it becomes like a custom, like a tradition which is now done for assessment, but it has not any medical and diagnostic values" (Gynecologist, 55 years old, married).

Another participant added: "usually, it does not have any treatment role, except in cases with abnormal hymen which finds a therapeutic aspects on that time" (Midwife, 32 years old, married).

1-2-3-Without value for sexual-reproductive health

The important point which was mentioned by participants for several times, was that sexual and reproductive health of girls cannot be determined by this test: "If the visitor or legal issues have asked for hymen, we only talk about hymen. Even for referred cases from the courts; if the judge has asked us for hymen examination, we will only write the status of hymen. Even if we find that the anal has problems and this girl has had anal sex, but we will not mention it as only hymen status is asked" (Midwife, 47 years old, married)

One of the participants said about her experience in this regard: "I had a case, a girl which was brought by her mother for the virginity examination and marriage. The girl had genital warts in anal sex, but hymen was intact. I really don't know what certificate I should issue. Finally, health certificate was given. I talked to the girl and told her about that contagious disease, but I don't think that she shares it with his husband and what happen to his husband, I don't know. I am sad why I issued that certificate. We cannot explain it with this thought that as a boy does not prove his virginity, introduce a girl with the history of sex as healthy" (Midwife, 38 years old, married)

2- Requirements of examination

Sub-categories include the necessity of programing for supervision on doing examination and the consequences resulted from the negative results, training, support and security of medical system and midwifery and ethics and reproductive health rights:

2-1- Programing for supervision on doing examination and its consequences

Determination of the place and trained personnel, training skilled manpower, training examiners about declaring the result, the need for consultation with the affected couples, supporting affected girls to prevent later bad consequences and providing an instruction for the repaired hymen were discussed by the participants in this sub-category:

2-1-1-Training skilled manpower

Some of the participants knew the hymen examination beyond a diagnostic issue and emphasized on its consequences on the fate of girl with the announcement of the result: "look, one hymen may be damaged but this injury is negligible in my opinion and write the health letter, but not by another one. This injury is also important. Its reason is not important for her if it was a physical injury, or a damage due to disease, injury was a damage and not-write the letter which it can be problematic for the girl" (Midwife, 38 years old, married).

Most participants were dissatisfied with the lack of expertise in some people: "If our system accepted this test, should program that means there is no programing now for the examination and no programing where it should be done and who with what skill level must do it" (M.Sc. of Midwifery, 42 years old, single)

2-1-2- Training the examiners about the announcement of the results

One of the most experienced midwives knew the lack of skills in announcing result as the cause of many problems for the girl: "we give the right to that girl who has come that even if she has a problem, we do not express that problem in the presence of her husband's mother or her entourage. We should be able not to issue the health certificate with our policy we have and with our attitude. We can express the shape of hymen but vaguely or do not mention her health on the letter, because when they come to us we have a duty to maintain the patient's dignity and we do not destroy people's rights" (Midwife, 47 years old, married)

2-1-3-The need for consultation with the affected couples

One of the participants shared her experience about consulting with men to help to solve the girls' problem: "when we are certain that her hymen is damaged, we try to make sure their marriage by the other ways, with the consultation we can have with the man or woman, we try to do something that they do get married. I had some cases that the girl had sex with her boyfriend and her hymen was damaged. I talked to her in the presence of her fiancé and he was justified that she made a mistake and now when she is telling you about her mistake is better than the time when she repair her hymen and lie you" (Midwife, 38 years old, married)

2-1-4-Supporting the affected girls to prevent later bad consequences

Most participants emphasized on dual standards for girls and boys and due to the burden of sex is only on girls, supporting these girls and preventing their corruption is important: "these are the same ones that become the runaway girls, girls with

HIV, they may be bad on the first Seri because they run away from marriage, but when they were older and 30 years old when they do not want to live with family, and think that they do not have the virginity so they will go to the bad ways" (Midwife, 38 years old, married)

2-1-5- Providing an instruction for announcing about the affected hymen

All participants were dissatisfied from the lack of a distinct protocol for cases of the repaired hymen: "during examination, it was determined that the girl has a hymen repair before that it was too clumsily done and I said it to that girl. She denied at first and said this diagnosis is incorrect and asked me not to share it with her husband. So I decided to say him that I am not able to diagnose it due to some hymens are not simply diagnosed certainly because of their shapes and the husband naturally brought up with more questions that I answered all of them scientifically and finally, by his insistence and successive questions that he asked, our discussion shifted and I talked about the "trust" between couples and this matter that building trust cannot be done by a virginity examination and finally it was ended with seemingly good results and after a few months she came to me with pregnancy and apparently there was a good relationship between them" (Midwife, 47 years old, married)

2-2- Training, supporting and security of Midwifery and medical system

Training about hymen examination, the need to support the examiner in solving problems after examination with negative results and allocation of places with legal security to do examination were raised by the participants:

2-2-1-Training about the hymen examination

Lack of attention to the training of hymen examination among the courses of Midwifery and medical students was raised by most of participants: "we have trained regarding the sexual transmitted diseases, but hymen is not so important in treatment that we spare our time on it. It is a thing that is bold by the tradition and our culture" (Gynecologist, 44 years old, married)

2-2-2-The need to support the examiner in solving problems after examination with negative result

Most of the participant complained about the lack of supportive system when they need to announce negative result: "because the words we write about the patient's hymen can bring a legal consequences to us, but unfortunately we do not have any support neither from the judiciary nor from the University of Medical Sciences. Although we issue the certificate, we do not have that peace of mind. So, many of my colleagues issue the certificates with fear or do not attempt to do this" (Midwife, 38 years old, married)

2-2-3-Allocation of places with legal security for doing examination

Since all examiners are women and offices are private, if the visitors attack the examiner, there is a little protection for her and this point was emphasized by some of most experienced participants: "hymen examination is not a simple matter, especially when both sides are in doubt about something. It is exactly similar to the courts. Of course, there are some forces to calm them in the courts, but here when the visitors are angry, the office has no security" (Midwife, 47 years old, married).

In one hand, most participants had experiences about violent behaviors that did not know how to declare them of fear and on the other hand, they knew the defend limitations of the health system, inadequate: "we have this problem when a person is not healthy or sometimes I had a patient who come from a village with many followers who accompany her and told me that they want to see the hymen, as well. Well, I prevent that work and then see that their men put knives up and said that we want to see. So, here I as a lady in the office am afraid to say something, even if my secretary is a man" (Midwife, 38 years old, married)

2-3- Ethics and reproductive health rights

Preserving the respect, courtesy of the girl to detect, defending the girl's rights by covering and reporting the lies, secrecy, disregard for the lives of girls, prevention of psychological trauma of girls and boys and the need for a practical approach in affected cases, were placed in ethics and reproductive health category:

2-3-1-Preserving the respect

An important point that most participants emphasized on it, was the matter of preserving the girls' rights in terms of respect, due to common form of these visits are with husband's family, husband or girl's family:

"in my opinion, medical information in each section is personal that means if that person is not satisfied, it cannot be announced except in front of the judicial authorities. Even, I think it cannot be said to the parents because it is a personal issue" (M.Sc. of Midwifery, 40 years old, single)

Of course, one of the most experienced midwives knew the midwives' insistence as the cause of misunderstanding in some cases: "I had many cases when I refused to accept the patient's followers or discuss results with them, they imagined that the girl is not virgin and I don't want to explain that for them" (M.Sc. of Midwifery, 38 years old, married)

2-3-2- Courtesy of girl for detection

Failure to respect the girl's rights in getting permission to reveal her personal information was emphasized by all participants: "for me, she should me allow me to tell the results to her family" (Midwife, 42 years old, single). But due to the lack of the unified policy, it was treated arbitrary, one of the most experienced experts said: "when age is usually lower, I usually share it with her mother. But in cases more than eighteen years old, I prefer that coroner solve this problem" (Gynecologist, 48 years old, single).

2-3-3- Defending the girl's rights by covering and reporting the lies

With regard to the consequences of damaged hymen and the dangers that threaten the girl, some participants know concealing of this issue important to save the lives of girls: "I think it is better to issue the health sheet even in cases with problems because I feel their lives would be saved. I mean humans make mistakes anyway. It is possible to do something unwanted or even wanted do mistakes. It is possible to be fooled in period of time and make mistake but there is no reason to be punished for all her lifetime because of one mistake. For example, the right of marriage was denied of her" (Gynecologist, 42 years old, single). One of the other participants added: "gynecologists whom I know some of them, either disagree with this examination or immediately write healthy without examination; why? Because they are feminists. They give the rights 100% to the girls and women" (Gynecologists, 55 years old, married)

But this opinion has some opponents who believed that girls should not be supported in this regard: "a girl who is not committed, will leave her children behind later. But in my opinion, women protect families more than men. So we expected them, more" (Gynecologist, 44 years old, married)

2-3-4-Waived to save the lives of girls

Confidentiality of all medical examinations is necessary and participants emphasized on that regarding this examination: "the girl points at you stealthy and says yes, I had a sexual relationship but please don't tell it to anyone, don't tell about it to my mother and please issue this certificate while it is a very personal issue. I mean that I think it is really a kind of cruelty to the girl that everyone should comment on her issues and faults" (M.Sc. Midwifery, 42 years old, single)

2-3-5-Prevention of psychological trauma to the girl and boy

Threats to the life and future of girls were the items that made participants to ignore the issues that perhaps with more accurate, they are able to confirm the history of sex: "more importantly, some issues are sometimes very tiny that you can ignore it and girl can get married. Being very strict is not good, Forensics must teach these issues to us. It is a critical issue of a life and we need to be skilled" (Midwife, 40 years old, married)

One of the participants who had a history of many examinations, said about the inappropriate time of doing this examination: "we have families whom their daughter are in marriage to a son and the couple are allowed to travel together and spend days and nights with each other, but a few days before the wedding, they bring the girl for the virginity examination and this is more like a mental game with this couple. This kinds of behaviors resulted in many psychological side effects for the couples and even make all religious laws questionable" (Midwife, 38 years old, married)

2-3-6-The need to a practical approach in damaged cases

All participants complained about this problem that there is not any practical approach in cases with damaged hymen and in fact, we leave the girl, boy and their families to treat with the girl based on their arbitrary and culture and said: "I think the biggest help that I can do is not to issue a written evidence and keep it between that girl and myself at that moment. But what can be done later or the families are convinced or go and visit another one, I don't know what should we do?" (Midwife, 47 years old, married)

Discussion

The present study evaluated the experiences and understandings of the gynecologists and midwives in regards to virginity examination for the first time.

In relation to the causes of examination, demands of visitors, informing girls about their status and economic incentives were discussed. In another studies, the most common cause of coming for virginity examination was the request of the referred one to know about her status to be able to prove her health and lack of premarital sexual relationship to her family [22, 23]. In regards to doing the professional duties and economic incentive which was discussed in the present study, Leclerc also proposed the existence of demand and economic incentive in 2012 in the Netherlands as the most common causes of supporting this examination among the physicians and health care providers [1]. Virginity examination is considered as the right of men to put the virginity condition for marriage by the participants that van Moorst has appointed to this matter in his study, as well [24]. Ami in 2008 has stated that Virginity means that the girl has not had any sexual relationship till now. This word is a combination of the Latin word "Vir" which means "man" and "genere" that means "created for", therefore inferior position of women is determined by evaluation in the etymology of this word. Jews, Christians and Muslims attach a great importance to the virginity before marriage [8]. Other studies discussed about raising this test among some communities. High risk of AIDS among young people and especially young women, raises this matter that young girls are sexually active and it is necessary to emphasize again on the superiority and predominance of men about sex and revive the virginity test to prove the virginity and lack of sex [4].

In this study, participants in the nature of examination pointed to the diagnostic value of virginity examination. Hymen is torn during sex which makes it with Perez and irregular and narrow processes [25]. According to Ellis, a deep sexual relationship causes a more rupture which are more in the posterior or posteromedial side [26]. Onan has reported a case of pore-free hymen formation in pregnancy in 2005 that any surgery has been done on it and explained that glycogenic epithelium has created such changes in response to estrogen in pregnancy [27]. Many authors believe that the ruptured hymen and its bleeding may not occur following the first sex [28, 29]. In nature of examination, doing it as the spread factor of unusual sexual relationships and expansion of sexually transmitted diseases were discussed by the participants in determining the nature of examination. Young girls believe to preserve their virginity based on the social beliefs and since they do not have the knowledge and

essential skill to postpone sex until marriage, turn to anal sex that informing girls about the risk of this relationship was emphasized by the participants. In Rogers study which was conducted in 1998 in the South Africa regarding the prevalence of anal sex among young girls and boys, preserving the virginity was the triggers of this relationship and most of young people did not aware about the risk of AIDS transmission through this sexual relationship [30]. Girls have problem in relation to the double standards about the virginity test, because the boys do not need to prove the lack of their previous sex and health workers reveal personal issues of girls by doing this test [4]. They must have an appropriate advice. Although in many countries, this test is considered as a harmful function of health system in regard to the health reproductive rights of young girls [31], but in fact, virginity is a physiological situation which means not only a healthy hymen, but also a sign of moral conviction to the lack of sex before marriage, because in some cases in spite of having sex, the hymen was intact [32]. In a review study by Vicstroum (2010) it was stated that in South Africa, even mothers of teenage girls recommended for alternative methods such as Thigh sex (having intercourse without defloration) [33].

The requirements of examination in this study was of the important issues that participants evaluated in different aspects. The necessity of programing for supervision on doing examination and the consequences resulted from the lack of virginity and negative test result was emphasized that pointed to allocation of time, place and experts to do examination because of its sensitivity and the probability of violence against girls in this regard. In similar cases in the report of the World Health Organization (WHO) in 2012, it was also showed that training and making the medical personnel sensitive, have an important role in prevention of violence and preserving rights of women. Practical guidelines should be created based on the culture and beliefs [34]. Medical personnel must be able to recognize the cases which may be a danger for women and girls [34]. Different studies show the importance of possible interventions to prevent violence against women, due to other causes of hymen rupture without sex including using tampons and fingers, extreme sports, falling on a sharp tool and surgical treatment should be also considered [35, 36]. Reporting around a girl's hymen status to her relatives, is the root of honor killings [37]. Repeatedly observed that after the death of a girl during honor killings, it was found that the girls had no sexual contact, so recognition of sex if the physician, nurse or midwife cannot diagnose the hymen will be very responsible [38]. One of the points which was emphasized by the participants was about training, supporting and security of Midwifery and medical system in regards to the virginity examination. In the study of Khafagi in 2007, it was shown that many women victims of death of honor and dignity who have been murdered by their family members, had come to the health system at least once that has been for virginity proof that is confirmed directly by the health system [39, 40]. Sattel program of the strategies of World Health Organization in 2008, knows the sensitization and training of health care workers essential to improve the consulting ability and providing appropriate approaches to prevent such these killings [41]. In the present study, attention to the health reproductive rights regarding the requirements of examination was considered and participants pointed to the girls' rights which have been violated as a result of carrying out mandatory testing. In conjunction with mandatory testing, Wales proposed at 2006 although it seems unusual but as the proof of girl's virginity before marriage is important and if there is any doubt about the previous sex, the girl has to do this test by force and despite her propensity [42]. According to Gursoy study in 2003, mandatory tests in Turkey was the cause of suicides of many girls and nurses and midwives are partners of this operations [43]. This operation is harmful for many girls, despite the positive or negative results of the test, but imposing this test to them affect on their understanding from their personal rights. Many of parents make their daughters by force to do this test [38].

Other researchers have also noted that girls under social pressure are forced to do this examination and cannot defend their social rights and ask for secrecy of examination [10, 44]. Empowering personnel in defending women's rights and strategies of health system to ensure the legal safety were studied and confirmed [43, 45].

In the present study, the research and its objectives were explained to the participants in terms of ethical considerations, the informed consent of participants were obtained to participate in the interviews and respect, dignity and their freedom were preserved and before the interview, we got the permit from the people under the study to record interviews and after interviews, notes were given to them to ensure about the correct transmission of the comments.

The limitations of this study, was the illegality of some medical interventions such as restoration of virginity which may prevent revealing the views; therefore, with all assurance were given to the participants, the people who do these surgeries never accept to talk about the method and motivation of doing this surgery.

Regarding the virginity examination, its requirements and strategies to control the consequences, it is recommended that studies are required in the area of Forensic experts, Well-being organization and policy making to clear another angels of this issue.

Conclusion

The results showed that virginity examination is not related to medical interventions such as prevention, treatment and rehabilitation. This examination cannot prove the lack of sex and is followed by bad consequences. Also, improvement of health system in regards to the quality of doing this examination and empowering community based on training, are two basic approaches to preserve the health reproductive rights.

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