

NASPAG Papers

FIGIJ and NASPAG Advocacy Statement-Eliminating the Persistent Misconception of the “Virgin Hymen”



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ABSTRACT

This advocacy statement endeavors to clarify the concept of the hymen as a symbol of “virginity.” The anatomic variants of this structure precludes any correlation to prior sexual activity and the value of physical assessment of this structure is thus questioned. Moreover, physical examination of the hymen is painful, traumatic, and humiliating and is a form of gender-based violence. This statement exhorts various sectors—governments, educators, the medical community, and the general public—to discard the concept of the “virgin hymen,” avoid its use when documenting sexual abuse, and provide progressive education to affirm female sexuality.

Key Words: Virgin hymen, Sexual abuse, Comprehensive sexual education, Gender-based violence

Introduction

The misconception that the hymen completely covers the vaginal opening is widespread globally and prevalent across religions, cultures, and ethnicities. This myth inaccurately suggests that when a girl has disruption to her hymen, whether through sexual intercourse, use of tampons, or trauma, she loses her “virginity” and is irreparably altered in a fundamental way. When occurring outside of social norms, even when suspected trauma is involuntary such as sexual assault, this perception can alter her place in society, marriageability, self-worth, and in the most extreme cases, result in forced marriage or “honor” killings. This advocacy statement directly addresses the myth that the appearance of the hymen determines virginity, provides modern evidence of hymenal anatomy and physiology, and advocates for broad education to reverse misconceptions to ensure the health and safety of adolescent girls worldwide.

The Anatomy and Physiology of the Hymen

The hymen is a mucous membrane made up of elastic fibers that surrounds the vaginal orifice. Its shape, thickness, diameter, and elasticity vary considerably based on factors such as age, estrogen levels, and the individual characteristics of each woman. There is no standardized appearance of the hymen in girls, adolescents, or adult women.¹ Its anatomy is diverse and dynamic, changing with age even in the same woman. Furthermore, its complete absence is very rare and may be due to its complete resorption during in utero.² The hymenal membrane has few blood vessels, so bleeding does not always occur with the first sexual penetration.³

The size of the hymenal orifice varies significantly, from person to person; there are no standard dimensions, so hymenal orifice measurement is not recommended.⁴ It is important to note that after a traumatic penetration, the orifice can return to its original size in just a few days or weeks. Hymenal evaluation can be challenging and is affected by the tone of the musculature, the age of the woman, the examination position and the degree of lateral traction of the labia majora exerted by the examiner.

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Hymenal shapes in children may be imperforate, microperforate, crescentic, sleeve-like, septate, or cribriform to name a few. In adolescents the hymen may be folded and elastic. Hymens may have natural bumps and notches. Because of all these factors, a gynecologic examination cannot conclusively determine a patient's virginity.

Virginity Testing

The presence of an “intact” hymen is a significant factor in some societies from a social and personal perspective. The absence of sexual activity has religious, economic, and social implications. This has led to the practice of requesting virginity tests of women, typically before marriage. To this day, it continues to be performed in various countries, despite being condemned by human rights and international health organizations.

The physical examination carried out only to demonstrate “virginity” can be painful, embarrassing, and violates the right to privacy. There are no medical indications for this practice.⁵ FIGIJ recognizes virginity testing as a form of gender-based violence and a human rights violation.

Sexual Assault

The evaluation of sexual abuse and assault, and interpretation of findings should be carried out by interdisciplinary teams trained in forensic evaluation. The patient's history is the most reliable evidence of prior sexual abuse or assault. Physical examination may lack the specificity and sensitivity required to determine if sexual assault occurred.¹ A normal gynecological examination does not rule out the possibility of sexual abuse. The majority of children with proven sexual abuse do not have signs of injury on examination.

Conclusion

The term virginity as well as the testing and disclosure of virginity status should be eliminated. To support this, FIGIJ and NASPAG have the following calls to action:

Governments should:

- Support comprehensive sexuality education (CSE) including reproductive anatomy and physiology education that is evidence based.

- Remove the term “virginity” and “virgin” from legal assessments and documentation as they are not meaningful medical terms.
- Recognize virginity testing as gender-based violence that should be eliminated.
- Support education and culture change in communities where virginity testing is practiced to eradicate it.

Medical professionals should:

- Receive education regarding the normal hymenal anatomy to serve as an expert resource for patients’ and caregivers’ questions and concerns.
- Not use the word “virginity” in medical documentation and in communication with patients and their families.
- Not use the term “virginity” when documenting forensic evaluations of sexual abuse or sexual assault.
- Develop resources to help educate families and societies that align with comprehensive sexuality education and remove the myth of the “virgin” hymen. One available resource is the “5 Myths of Virginity Busted” available on the Bedsider.org website.
- Decline virginity testing when requested for religious and social reasons but use the opportunity to provide education on the harms of the practice.

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