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VIRGINITY TESTS AND ARTIFICIAL VIRGINITY IN MODERN TURKISH MEDICINE

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Synopsis — This paper addresses modern Turkish medicine as arbitrator of two modern medical practices: virginity surgery and virginity tests. These medical procedures are currently practiced by medical doctors [obstetrician-gynecologists (ob/gyns)] in modern Turkish society. The virginity of unmarried women has had a great significance for many cultures. The taboos on pre-marital sexual relationships contribute to this social anxiety over the hymen of women. In this respect, in contemporary Turkish society medicine plays a significant role in controlling and reconstructing women's bodies through virginity tests and virginity surgery. The aim of this paper is to contextualize these medical practices within liberal gender ideology and discuss the connection between patriarchal expectations about the virginity of the bride and medicine as an institution. In order to assess the perspectives of the physicians, thirteen in-depth interviews were conducted with Turkish ob/gyns. © 1997 Elsevier Science Ltd

This paper addresses two modern medical practices — reconstructive virginity surgery and virginity tests — and their possible inherent meanings within the gender ideology of contemporary Turkey. This type of surgery is currently practiced by medical doctors (obstetrician-gynecologists) in modern Turkish society although it would be hard to determine how widespread the practice is. Both female and male obstetrician-gynecologists perform these practices mostly to meet the demands of their patients.

The virginity of unmarried women is of the utmost importance for many cultures; this includes the more traditional parts of Turkish society as well as its modern metropolitan areas. Very often, the wedding night or bridal night turns into a bridal nightmare for women. Their anxiety is reinforced by the perpetuation of the archaic custom of the groom's family waiting for the "blooded sheet" as proof of both the bride's virginity and the groom's virility.

Female virginity has had special significance for centuries, especially for traditional patriarchal societies. Unmarried women were expected to stay pure and untouched until their wedding night. Being a virgin bride signifies a woman's purity and her loyalty to her family. In a sense, the virginity of the bride is an asset for both her family and the groom's family. Premarital sex has been a powerful taboo and virginity has always been a significant asset for unmarried women in Chinese (Zhou, 1989), Mediterranean (Peristiany, 1966) and Islamic cultures amongst others (Basnayake, 1990). This social anxiety over a woman's virginity has been reflected in the taboos and finally in the wedding night rituals. The intact hymen of the unmarried woman is material proof of her purity. Any suspicion over her purity may lead the groom and his family to take the bride to consult a physician. Moreover, proof of virginity might be sought through a medical report after the wedding night.

Women's premarital virginity is also considered as owed to the family to protect their honor. An old Turkish saying suggests "it (sexual liaison) is a stain (dishonor/shame) on her face, and henna (sign of celebration and festi-

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ity) on his hand." It is a dishonorable act for women to become sexually involved with men before marriage or outside marriage. Nevertheless, it is a matter of celebration for men. Patriarchal control over women's bodies has been reproduced through honor and shame codes. Honor is essentially concerned with the legitimacy of paternity and is mostly related to men. A man's honor is related to his power to protect the inviolability of what is his (Delaney, 1987). Delaney has shown that in certain societies women's bodies have been considered as soil and men as seed. In that respect "a woman's value is related to her noncontamination by men. The slightest shadow of a doubt causes suspicion about the security of a man's seed" (Delaney, 1987, p. 43). Therefore, social recognition of a woman's purity, depends on and is exhibited by the men under whose protection she is. Virginity is not only an asset for the individual woman, but for the whole family. In a culture like that of Turkey, where family relations are very strong and the extended family dominates the individual (Duben, 1982), the form of the relationships are patriarchal. Women's purity before marriage is not only an individual choice but a family matter. Therefore, women's bodies are controlled by the family. The virginity of the women is not a personal matter, but rather a social phenomenon.

As a result of the social anxiety, particularly over a woman's hymen,¹ accompanied by the structural transformations that women experience in contemporary Turkish society, women have come to utilize medicine to "repair" their virginity through medical operations in cases of premarital sexual relationships. Through the creation of artificial virginity, she becomes pure again and her family honor, as well as her hymen, is repaired.

These operations are not unique to Turkey, indeed, they take place in some parts of the non-Western world as well. For example, in Morocco (Mermissi, 1982), physicians conduct the medically unnecessary but socially very crucial practice called 'virginity restoration surgery.'² They are made to create artificial virginities to please prospective husbands along with the husband's and wife's families' expectations for the wedding night, when the prospective bride has been involved sexually beforehand. Although it is no secret that virginity tests and virginity surgery are conducted in modern Turkey,³ the very relationship between women's

bodies, patriarchy and medicine has not yet been explored. In this paper I aim to highlight different aspects of this very intimate relationship.

In order to discuss virginity tests and virginity surgery and to contextualize them in modern Turkish society, one needs to locate women in the gender ideologies of modern Turkey. In that respect, the illumination of women's space in society and control over their bodies and their sexualities within the context of gender ideologies will provide some clues. It has been suggested that women's relationship to their bodies in Islamic countries is multi layered and highly complex (Odeh, 1993, p. 27). It is also argued by Lama Abu Odeh that women's bodies seem to be a battlefield whereby on the one hand the Western attire which covered their bodies carries with it the "capitalist" construction of the female body — sexualized, objectified, commodified; on the other hand, these bodies were simultaneously constructed as trustees of family (sexual) honor — conservative and asexual (Odeh, 1993, p. 27). I argue that, in contemporary Turkey, this cohabitation of traditional and Islamic gender ideology along with liberal gender ideology is crystallized in virginity tests and virginity surgery. Turkey, being one of the first modernizing nations in the Middle East (Jayawardena, 1986, p. 42), carries traditional Islamic, nationalist and liberal discourses simultaneously.

Traditional Islamic discourse divides the world into two universes, public and private, and regulates each according to Islamic rules. The public domain is for men and the private for women and children. Emelie Olson states the reflection of this division of domains into everyday life as follows; "One of the most conspicuous dimensions of the separateness of male and female spheres is the spatial or territorial one. In Ottoman times, the ideal was to keep women from having contact with men other than their fathers, brothers, husbands, and sons" (Olson, 1982, p. 41).

The private exists not only for leisure but for work, social life, and organization. Although the private is mostly women's domain, it is still under the hegemony of the public, and of men. Women have their own hierarchy based on kinship, fertility, and age. In short, in traditional Islamic discourse, women exist in a limited space. But their sexuality has always been problematic; woman's sexuality is considered dan-

gerous and kin members, the family and then the husband attempt to control it. Since she is evil and has omnipotent sexual energy (Mermissi, 1975), her sexuality has to be kept under rule. To that end, woman's premarital sexual intercourse is forbidden and severely punished when it is discovered.

Until the turn of the 20th century, this traditional lifestyle was maintained to some extent. However, with the establishment of the Turkish Republic (October 29, 1923) new gender codes were introduced into women's lives. Toprak points out the significance of these reforms as follows, "In terms of the status of women, these reforms were truly revolutionary for a Muslim country. They included the introduction of co-education, with compulsory primary school training, and equality of educational opportunities for both sexes: the acceptance of a new Civil Code which outlawed polygamy and granted equal rights to men and women in marriage, divorce, child custody, inheritance, and property ownership; the promulgation of a new dress code which legally allowed women to unveil and outlawed the veil for civil servants; the granting of political rights, and finally the opening of career opportunities for women" (Toprak, 1994, p. 298).

Turkish nationalism — *Kemalism* — is essentially a modernization project, targeted basically the urban and bureaucratic elite families (Kandiyoti, 1987). In a non-Western society like Turkey, this modernization almost overlaps with Westernization. One of the most significant indicators of Westernization is the improvement of the situation of women as citizens of the Turkish Republic. Women were given civil rights (December 5, 1934) and a new Civil Law (to vote, to stand for office, to work outside the home, etc.) and, moreover, were encouraged to participate in the public realm, as well as to work, socialize, and organize outside their homes. This participation in the public world also meant that they were going to co-exist in men's domain and be under immediate male authority as opposed to the traditional order where women had a relatively independent hierarchy. On the other hand, with the rapid urbanization and the rise of nuclear households, women lost their women's milieu as they had existed in the traditional setting.

However, even among the most Westernized, the most *Kemalist* families, this new arrangement had some pitfalls. Olson argues that

"Since the creation of the Turkish Republic in the 1920s, the participation of women in public has increased at an accelerated rate. Nonetheless, male and female spaces still tend to be separate in contemporary Turkey, and most women continue to lead less public lives than men" (Olsen, 1982, p. 42). The control over women's bodies and their sexuality took on another shape and form in this era. Fathers played at "patronage" of their daughters (Durrakbasa, 1987). They either encouraged their daughters to have an independent existence outside the home, to become professionals, to be teachers, lawyers, physicians, or, indeed, insisted on it. This existence would be in a "virtuous" manner. In other words, they were expected to be simultaneously virtuous good wives, dedicated mothers, and modest housewives. Therefore, in terms of gender roles, women were expected to exist in the public sphere as traditional women. Even the most liberated professional women lived a very virtuous life in patriarchal families, in terms of their sexuality and relationships with men. As I have discussed earlier, it is widely known that in non-western cultures, the virginity of the bride has a special significance. The modernization of women's lives has not diminished the highly-charged nature of virginity in Turkish society. Basically, the modernization process has mostly addressed women's public roles, and, gender roles have not been questioned. Moreover, one can suggest that the concepts "modern" or "western" are very patriarchal, particularly in terms of the roles that are expected from women. Primary roles attributed to women are being a good wife and a mother to the family.

After the 1980s, along with the liberalization of market-led macro economic policies, there arose a different set of propositions for women which can be called "liberal gender ideology." This liberal gender ideology was predominantly depicted in the images of mass media and cinema. It defined women's liberation in such a way that sexuality was not a taboo as it used to be in *Kemalism* or in traditional Islamic discourses. Sexual purity or modesty was no longer presented as an asset. For instance, in that period, as I have argued elsewhere (Cindoglu, 1991), women's liberation is depicted in women's films in allowing freedom for women to engage in emotional as well as sexual intimacy with men. Yet in this new gender ideology, the sexuality of women was still defined by

men, and relative to men. Even though women are expected to experience and enjoy sex, this sexuality does not empower women in relationship to her life decisions and status in society. Therefore it is no longer possible to suggest that having pre-marital or extra-marital sexual relationships is necessarily a sign of women's emancipation.

Nonetheless, virginity is still an asset in contemporary Turkey. Moreover some women may have intercourse with men before marriage but choose to be virgin-like on the night of the wedding for their prospective husbands, and the families. In contrast to traditional expectations, some women do not wait until their wedding nights but they choose to pretend. Similar to the Moroccan case on which Fatima Mernissi has commented; "It is no secret that when some marriages are consummated, the virginity of the bride is artificial" (Mernissi, 1982, p. 185). Mernissi noted the "artificial virginities" and reconstructive surgery that make this fake virginity possible. She suggested that the virginity of the bride in non-western cultures is not a personal but a social matter and moreover it is becoming a medical matter (Mernissi, 1982, p. 192).

METHODOLOGY

The interaction between patriarchal expectations about bridal virginity and medicine as an institution is the focus of this paper. This interaction is studied through physicians' (obstetrician-gynecologists) attitudes and behaviors vis-à-vis virginity tests and virginity surgery. The physicians' participation in this new process of social reaffirmation and reproduction of virginity is examined. Briefly, this research addresses this problematic: why and how does modern Turkish medicine take part in this process either via virginity tests or with virginity reconstruction surgery? The focus of this paper is, therefore, on the physicians who are performing these surgeries and tests and their perception of medicine and their role vis-à-vis the virginity issue in modern Turkey.

It is almost impossible to gather any type of data about the characteristics of consumers who use these services. However, when the physicians in my sample were interviewed about the social identities of these women, it was evident that the range of social classes is very wide. For

example, a shanty town resident, a salesgirl and a middle class, town resident, may come to purchase this service. In terms of the women's education, again the range is from primary school to university degree. In terms of age, although there were few older women mentioned, it was observed that usually women who consult the physician are in their late teens and early twenties. But if a prototype needs to be drawn, she would be a metropolitan woman, in her late teens or early twenties, lower middle class, having low status work experience and, in a low income job (clerical, sales, or nursing). But, one fact is very clear: women from the upper classes or having high status and a high income job do not consult physicians for this particular service.

The data utilized in this study are generated through in-depth interviews with a snowball sample of 13 ob/gyns. The technique of in-depth interviews depends on the accessibility of and personal affinity with the interviewees. Due to these considerations, the selection of the sample and the number of respondents are limited. A total of 13 in-depth interviews were conducted in April/May 1992 with ob/gyns in the three big cities of Turkey, Istanbul (5), Ankara (3), and Izmir (5), through the snowball method. Among them six ob/gyns were women and seven were men. These 13 interviews lasted from 30 minutes to 150 minutes, depending on the physicians' time and willingness to talk on the matter.

The interviews concentrated on two aspects of virginity surgery and virginity tests; (a) how physicians relate this reconstructive surgery to their professional identity, and ; (b) how they explain their attitudes towards virginity surgery and virginity tests.

FINDINGS

Both virginity surgery and the virginity test practices involve some form of intervention in the integrity of the women's bodies. However, virginity tests are perceived by physicians as less interventionist than reconstructive virginity surgery. The reasons behind this perception can be understood as follows. In Turkey, virginity tests have a legal status that could justify the position of the physician. In Turkish Civil Law, when there is a legal dispute, such as the cases of attempted rape or absence of bleeding on the

first intercourse with the respective spouse, the Forensic Medicine Department of the Ministry of Health takes up the issue and can pursue virginity tests to examine if the woman has just been deflowered or not. Although only the Forensic Medicine Department of the Ministry of Health has the authority to furnish a report on the matter, the virginity tests are widely conducted in hospitals and private practices. This intervention of medicine in women's bodies on legal grounds seems to legitimize the existence of virginity tests for the ob/gyns in contemporary Turkey. However, legally the virginity test reports can still only be given by the Forensic Medicine, Department of Ministry of Health.

On the other hand, several unauthorized virginity tests have recently been ordered by various authorities and created public awareness of the issue. In May 1992, the Turkish media explored the unauthorized virginity tests of several high school students as they were ordered by the principal of their schools located in an Anatolian town, Simav-Kutahya, and, which unfortunately led one of the girls to commit suicide.⁴ At the time of the discussions about virginity tests and suicide, it was found that the Minister of Health of the time, Yildirim Aktuna, a medical doctor himself, had ordered regular monthly virginity tests for women patients during his period as Chief Physician at the Istanbul Bakirkoy Mental Hospital.⁵ His justification for this practice was "to protect women from the sexual abuse of men (both patients and staff)." This paradox is worth underlining: an elected social democrat Minister of Health proposed control and surveillance by medicine of woman's bodies in order to protect them from sexual abuse of men. These two examples indicate that women are still considered as the responsible party in heterosexual sexuality and even in order to protect them from male abuse, one needs to control women's bodies, and not men.

On the other hand, some physicians have criticized medical involvement in virginity tests (Gungor, 1993). Gungor, as a physician herself, stated that there is no medical necessity for the hymen after puberty in women's bodies, therefore the virginity tests do not serve any medical necessity and consequently they should not take place in medical settings. She goes further, suggesting that physicians should reject any request for virginity tests and that only then will their legitimacy disappear. Only in cases of sexual assault or rape, should a gynecological exam

take place with the woman's consent; and not the virginity test.

VIRGINITY TESTS

Probably because of the legal connotation of the virginity tests, none of the ob/gyn specialists that I interviewed showed hesitation in declaring that they do/would perform *virginity tests* upon request. They also mentioned that if it is not the wedding night dispute, in the majority of cases it is the unmarried woman who comes either by herself or with her best woman friend to check if her virginity is harmed as a result of foreplay with her boyfriend.

The physicians also mentioned that the unmarried women who come for virginity tests usually narrate accident stories. According to the physicians, women often mention sticks that they accidentally sit on in the bathroom, or accidents when they fall down trees or fall off bicycles and/or fall on a stick. Physicians accuse women of creating ridiculous stories to cover up their sexual relationship with men. However when these accident stories are analyzed, it seems very clear that women desire to show themselves in a non-responsible position. In a sexual culture where women are the responsible evil having omnipotent sexuality (Mernissi, 1975), and controlled as well as punished for it, it is no surprise that women want to adopt the non-responsible party role.

VIRGINITY SURGERY: REPAIRS

The most common referral for virginity surgery by physicians is the term "repair," which has different connotations. "Repair" simply refers to a thing or a product which is broken and not functioning properly. In order to be able to use this thing a specialist needs to repair it. If a woman's virginity is "broken," it is assumed that she won't function properly in patriarchal society where virginity is an asset if not a prerequisite for marriage. It can be asserted that a woman's body in the physicians' psyche is a thing, repairable by medicine — and not human. For a woman with sexual experience prior to marriage, repair by a physician through reconstructive virginity surgery is needed if she is to exist properly in patriarchal society.

On the other hand, reconstructive virginity surgery — "repairs" — are still medically un-

necessary interventions. There is not only no medical foundation but also no legal foundation that can justify the physician's intervention, except for the cases when the girl before puberty has had a real accident. In that case the hymen can be repaired in a hospital as a part of reconstructive intervention. Otherwise, the physician's reputation as well as his/her medical license may be in jeopardy if a groom takes him/her to the court on the basis of helping the woman to deceive him over her virginity. That is why virginity surgery is a relatively more serious and problematic practice to discuss with the ob/gyn specialists.

According to the physicians' statements, the majority of virginity tests occur right after the bridal night when the bloody sheet was expected and did not come. Brides are taken to the physicians for an expert report on the state of their hymen. Sometimes, a woman may visit the ob/gyn prior to the wedding to obtain a medical opinion on her virginity. It is stated by physicians that it may even be possible to see "pregnant virgins" who are asking for an abortion and virginity surgery at the same time. However, technically the most successful virginity surgery should take place right before the wedding night. If the stitches, which will cause the bleeding, stay in place too long, then they may not cause any bleeding at all.

It has been stated by the physicians that women who come for reconstructive virginity surgery usually come either alone or with a woman friend. Probably, it is because the man that she was involved with is not in her life anymore. However, whenever a pregnancy is involved, then the boyfriend or fiancé generally comes along with the woman to the physician's offices. This can be interpreted as man taking care of his "seed" in her "soil," in the form of being supportive. Only in a few instances, were distant family members accompanying these women mentioned.

SHOULD VIRGINITY BE RECONSTRUCTED?: THE PHYSICIANS' PERSPECTIVE

This "intact hymen" anxiety can even go to the extent that virgins would go to an ob/gyn just to find out if they would bleed on the first night or not. If it was clear that their hymen was a kind that would allow the penetration without

any bleeding then sometimes these young women take more radical action.⁶ As one physician said, three nurses came to the ob/gyn to check if they would bleed on their wedding night. After they found that they might not bleed extensively, due to the nature of their hymen, they asked the physician to repair them so that they could definitely be sure that they would bleed on their first night.

The physicians were asked to compare virginity tests and virginity surgery in terms of their own roles. It seems as though tests are considered normal and ordinary practices, whereas the physicians have different opinions about virginity surgery. These opinions can be classified in three categories.

The first approach to these practices has traits of a traditional Islamic approach. It accepts women's enjoyment of their sexuality only within marriage boundaries. This group of ob/gyns approach virginity surgery as follows; "I don't do it (surgery). I don't think it is O.K. for a physician to do these interventions." The few physicians who are in this category made it very clear that they don't perform this type of surgery for two reasons. First, they do not consider that these operations are legal, stating that, "if they were legal, then the state hospitals would be doing them." The second reason is that they have moral standpoints and they classify this surgery and the renewed virginities as deceptions. One physician stated, "It is deception, it is disrespect to the person that you will be marrying. Marriage should be built on love, respect and decency. With this, you are jeopardizing marriage from the beginning." For them, it is not appropriate to help a woman to deceive her husband-to-be, as well as the law. The implication of this approach is that they are not in favor of the deception of the ultimate authority which is patriarchal authority.

The second approach has the basic premises of liberal gender ideology, which allows women to please male desire yet also goes along with a double sexual standard. For reconstructive virginity surgery, these physicians take a stand as follows; "I do it and it is perfectly O.K. to do it." It should be noted that very few physicians admitted that they perform repairs and it is perfectly all right for them to do so. For example, one ob/gyn told me that a bank clerk from Eastern Turkey came to him for a "repair." "She came to me and asked if she was reparable. I examined her. She was not a virgin. I

repaired her, she went home. After a few months, while I was doing morning visits to my patients at the hospital, I saw her. She did not recognize me. Anyway, I visited her after hours and asked if she was the person I had treated. She said 'yes,' but because she had her husband and mother-in-law with her, she could not say hello to me. I asked if she was happy, she said 'very happy doctor' . . . apparently she had a son . . . If she had not been a virgin, she would have been devalued. It makes a woman strong in relation to her husband."

Basically, two explanations were provided to rationalize their positions. Physicians would do reconstructive surgery to offer support to the women — who are not less or more guilty than men who also have intercourse with other women before they marry. This pseudo-feminist attitude can be considered as a clear manifestation of liberal gender ideology which permits woman to enjoy sexuality within the limits of patriarchal expectations. Moreover, some physicians would also argue that virginity surgery is no different from any other medical service offered and sold in the society. Basing their position on liberal economic terminology, they suggest that "if there is a demand, then there will be supply." Moreover, since this is a liberal market society, as one of the physicians stated "If I don't do it, someone else will."

The third approach to virginity surgery seems to be less brave than the other two. This group's attitude towards the surgery can be summarized as; "I don't practice it, but it is O.K. to do it." Indeed this is the most common attitude towards this type of surgery.⁷ This is a typical mainstream position involving some sympathy towards the young women who regret their pre-marital sexual acts, and, approval of any kind of help towards these women. Yet, these physicians are not brave enough to take the risk of helping these women themselves.

These physicians stated two main motivations that explain their line of thinking; first, they wanted to support the women who are desperately seeking such aid. They hoped that through these operations these women could marry and be part of mainstream society with no shame involved about their past. Second, as one ob/gyn stated ". . . since there is a demand in the society, what can be wrong with offering supply." However, the main motivation seems to be to earn money, and this charms many ob/gyns into doing reconstructive surgery.

VIRGINITY SURGERY IN THE AGE OF MARKET ECONOMY

It was interesting to note that the most prevalent theme among the physicians is the rhetoric of the market economy where they sell their labor for a fee. The most frequent and well-articulated argument about the existence of virginity surgery is its financial aspect. Apparently, the price of the surgery is quite high. Although the ob/gyns would not give an exact price for the operation fee, suggesting that it varies according to physician, as well as according to women, it was clear that the prices were high but affordable enough for the patients. While virginity surgery prices are not set, they range from 1 million TL to 10 million TL and on the average it is around 3 to 4 million TL,⁸ which can be considered highly expensive. Interestingly enough, when the range of abortion fees was investigated, the price range was around 200.000TL to 500.000TL.⁹ In comparison to abortion, virginity surgery is practiced under local anesthesia and has a very minimal medical risk. Accordingly, this discrepancy in the fees was attributed to the illegality of the activity by the physicians. As one physician suggests "It is like a tip . . . You are not charged for the service, rather she buys happiness for her lifetime. When the factors underlying such expensive fees for virginity surgery were addressed, the common rhetoric was its secrecy. If it is secret then the high fee is justified. As one physician stated "keeping and creating a lie and suffering from possible guilt should have a price." Obviously, somebody has to pay for this cost and that person is the woman who has had sexual intercourse before marriage. Or, as another physician stated "this operation is easy, compared with abortion, but it is risky . . . for example her fiancé shows up with a knife, . . . abortion is between you and the patient, but this . . . you repair her and send her OUT... ." Therefore secrecy, the illegal status of reconstructive surgery and patriarchal values regarding women's hymen offer the ob/gyns a tax-free and highly lucrative income.

CONCLUSIONS

This research indicates that physicians as professionals and medicine as an institution are not independent of the social environment in which they exist, moreover they, like their pa-

tients, are the products of the existing social system. Indeed, this reconstructive virginity surgery and virginity tests can be considered as the interventions of medicine in the social fabric in a very patriarchal manner. Whether physicians act in the immediate favor of women and conduct reconstructive virginity surgery or refuse to participate, they are explicitly in alliance with patriarchy. Regardless of their personal strategies for dealing with patriarchy, whether they perform surgery and tests or not, medicine as an institution or physicians as professionals are contributing to the reproduction of patriarchal values, that is, perpetuation of the value of virginity in modern Turkish society. Consequently, medicine plays a significant role in controlling women's bodies in contemporary Turkish society. The very mainstream alliance between patriarchy and medicine exists as long as virginity tests and reconstructive surgery exist.

It was beyond the limits of this research to contact women who had undergone the surgery. However, Mernissi's evaluation of the situation as "social schizophrenia" (Mernissi, 1982, p. 186) does not seem appropriate. Rather, it would be more appropriate to conceptualize the situation as a survival strategy for women who are living in patriarchal gender ideologies with double standards. Liberal gender ideology demands liberal yet virtuous women. A modern woman must be sexually accessible for men, yet a virgin at the same time.

In a society where the control over women's bodies is regulated socially as well as medically, a woman's utilization of medicine for her own needs, that is, repairs, may be conceptualized as the manifestation of women's demand for control over their own bodies. Going through a virginity surgery not only re-establishes her assets in the social context but also in a sense empowers women within the patriarchal society and patriarchal relations.

It may also be suggested that in contemporary Turkish society, female sexuality which was combined with guilt and always defined in relationship to men's desires is now being transformed into a context where women have some control over their bodies and destinies. However, of course, it cannot be suggested that women are emancipated through virginity surgery. Women's attempts can only be understood as a strategy to gain a better position in a patriarchal society, where the virginity of the bride is

so important. Through virginity surgery, the obstacle to the marriage is removed. With an intact hymen, these women become suitable marriage candidates. Women's utilization of virginity surgery and tests can be understood as a strategy to combat the patriarchal expectations of the family and society without compromising their desire for a premarital sexual relationship.

ENDNOTES

1. Another indicator of this social anxiety over virginity is the paid hot lines that have emerged in recent years in the Turkish media. Through dialing the phone one can get detailed information on virginity. Some of these hot lines are called "the mystery of virginity-900 999 127" or "what if your wife turns out to be non-virgin-900 900 764," "first night troubles-900 999 126," etc.
2. This surgery is called a hymenorraphie. It basically consists of stitching the remains of the hymen after the intercourse. These surgeries can be performed even after repeated intercourse or abortions and pregnancies. When sutured, the hymen heals, and the woman becomes a virgin-like again.
3. In modern Turkey, the media explores this subject quite often. This surgery are usually cited with young movie stars names or in the high society gossip papers and columns.
4. This even took an extensive media coverage. For example, in one prominent daily newspaper *Hurriyet*, dated May 2, 1992, the headline was "Virginity Test Caused Suicide."
5. Mr. Aktuna took part in many news programs on TV. One of the programs on which he had a chance to discuss his practice and views on virginity tests was May 15, 1992 on *Star TV*, morning show.
6. Only 70% of the hymens bleed in the first intercourse, the remaining 30% would let the penis enter without any bleeding or break (Gungor, 1993, p. 33).
7. Though, one can suspect that most of these physicians in this group not only favor this virginity surgery but also perform it. Yet, because of the social pressure they would not dare to speak up.
8. These prices are around 1 million TL = \$140, 4 million TL = \$570, 10 million = \$1500 in a country where the minimum monthly was 800.400TL = \$140 before tax, in May 1992.
9. 200.000TL is almost equal to \$30, 500.000TL is almost equal to \$70.

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