Women and Girls' Health Care Concerns within the Muslim Refugee Community

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April-May 2025

Abstract

In 2023, over 60,000 Refugees were resettled in the United States with over a third of those refugees coming from Muslim majority countries, particularly Syria, Afghanistan, Sudan, and Iraq.[1] This population has many barriers to accessing healthcare including differences in language and lack of resources to navigate the healthcare system but also different cultural and religious understandings and practices of medicine. Only about 5% of the U.S. physician workforce is comprised of Muslim physicians, so many U.S. physicians may not have an understanding of health practices in Islam.[2] One study found that 93.8% of Muslim American participants reported that their health care provider did not understand their religious or cultural needs and 83.3% of providers reported encountering challenges when providing care to Muslim women.[3] One of the areas where this lack of understanding can be more acute is in the understanding and practices around the health of women and girls, including conversations of menstruation and birth control as well as virginity and the hymen. It is also important to mention that these beliefs and practices vary widely within Islam so each patient may come in with their own understanding. This paper will discuss the general religious beliefs around these topics through two cases of patients coming into clinic with concerns.

Case #1

MM is a 19-year-old female Muslim refugee from Afghanistan. She came to clinic due to menstrual irregularity. She would sometimes have two periods in a month or go a month without a period. During a recent cycle she had light spotting that lasted 20 days. She was not having excessive bleeding or pain during her periods, but she wanted a way to regulate her cycles and anticipate when she would have her period. This was important to her because she could not participate in prayers or other religious rituals such as fasting while bleeding. This is not a common use of birth control in the United States, but it is more common in Islam whether using contraceptives for menstrual regularity or delaying a period to participate in religious experiences such as Hajj or pilgrimage to Mecca.

Menstruation and Contraception in Islam

There are many different forms of contraception for women from permanent options such as a tubal ligation or a hysterectomy to reversible options such as an intrauterine device (IUD), other implantable devices such as a Nexplanon, or oral contraceptive pills (OCPs). There are also less reliable methods such as barrier protection methods including condoms, timing intercourse to avoid pregnancy (rhythm method) or withdrawing the penis

from the vagina before ejaculation to avoid insemination (coitus interruptus). Many religions have teachings about contraception and menstruation from what kinds of contraception methods are allowed, what reasons they can be used for, or what a women must do or cannot do while she is on her period. These beliefs vary between religions and even within different populations of the same religion. Islam is no different.

One concept in Islam that was illustrated in the case is that menstruating women are not permitted to participate in several important religious rites including ritual prayer, fasting, and Hajj.[4] This may mean that some women are reluctant to seek gynecologic care due to the fear of bleeding from a pelvic exam disrupting her religious practices. According to a study from Turkey about Muslim women's beliefs on menstruation, 96% believed that sexual intercourse while menstruating is wrong and 95% believed that menstruating women cannot touch the Qur'an, but 80.5% believed that entry into sacred places such as the mosque when menstruating is not forbidden.[5] Despite that high proportion, the Prophet of the Islam religion said "I do not consider it halal to enter into a mosque/to be in a mosque for those who are menstruating or impure".[5] Another paper reported that it is a sin for women to worship during menstruation including performing prayers, reading the Qur'an or visiting holy places.[5]

Opinions on contraception vary within the Muslim community. The majority tend to argue that it is allowed but discouraged while a minority argue that it is outright prohibited.[4] The prevalence of contraceptive use varies widely in Muslim countries from less than 5% to more than 50%.[4] For example, in 2019 contraception utilization rates in Afghanistan were 22.9% and in Iran were 77.4%.[6] Some Muslim women may seek contraception in order to regulate their periods or postpone their period so that it does not interfere with certain religious rites as seen in our case.[4] One of the most common times this method is utilized is before Hajj.

Several studies have been done to specifically elucidate Muslim women's use of contraception in the United States. One was conducted in 2015 through the Muslim Women's Health project to collect self-reported data about contraceptive use for American Muslim women. The study found that there was significant variation in contraception use and type of contraception use depending on the country that the participants were from and the sect of Islam they were part of. Shia Muslims were much more likely to use contraception than Sunni Muslims.[7] Overall , about 79% of participants used some form of contraception which is higher than the 65-72% in American women. Participants could report a history of use of multiple forms of contraception. About 66% of participants reported OCP use, 66% condom use, and 32% coitus interruptus.[7] Married women had a higher use of contraception than single women.[7] About 54% of responders had attended graduate or professional schools and 43% of responders had an annual household income of more than $100,000 meaning the participants skewed more educated and wealthier than the average American Muslim and especially the

average Muslim refugee.[7] The online survey format had an intrinsic risk of bias because it did not reach the most disenfranchised women who do not speak or read English and those with limited access to technology.[7]

Another study investigated the contraceptive beliefs and practices of American Muslim women in Southern California by approaching English speaking women at mosques in Southern California and online to participate in a survey. This study had similar demographics to the previous one in that most participants were well educated with above average income.[6] This study found that 93.4% of participants believed that Islam allowed use of reversible contraceptive methods and 35% believed that Islam did not permit the use of permanent contraceptive methods. The study found that this belief was related to higher income and higher educational level. Similarly to the previous study participants reported all types of contraception that they had used in their lives. 72.5% of participants reported OCP use, 68.9% reported condom use, 39.9% reported coitus interruptus, and 21.2% reported intrauterine devices.[6] 79.7% of respondents believed that Islam allowed for use of contraception for pregnancy prevention or pregnancy delay, 84.8% believed that Islam allows for use of contraception for treatment of menstrual-related medical conditions, but only 64% stated that contraception was allowed for regulation of bleeding for religious rituals.[6] Because this study also oversampled more educated, wealthier, English-speaking Muslim women, it is likely not generalizable to the larger American Muslim population, but it still provides an insight into Muslim beliefs about the role of contraceptives for different uses.

This information is important to know for any provider, especially those taking care of Muslim and Muslim refugee patients in a primary care or gynecology clinic. Understanding the different reasons for contraceptive use and making sure to elucidate the underlying concern can help patients get an option that is tailored for their needs and aligned with their beliefs.

Case #2

SA is a 6 y.o. previously healthy Muslim girl whose family is from Afghanistan. She presented to clinic as a sick visit because she had been jumping around on furniture and slipped, hitting her vulva. Mom reported that there was some bruising in the area and pain with urination as well as minimal bleeding noted in her underwear the following day. One of mom's questions was "Is her hymen broken?" which is not a common question that doctors receive in the U.S. There was a lot of cultural context underlying that question and a lot of medical understanding needed that is not always taught in medical schools.

The Hymen and Virginity in Islam

The hymen is a membranous tissue that surrounds the vaginal orifice.[8] In certain cultures or religions, including for some Muslims, an "intact" hymen is often seen to be a sign of sexual purity and represents honor for a woman and her family. In some Muslim countries serious crimes may be committed if a newly married girl is found to not be a "virgin", typically described as

having a "broken" hymen or not bleeding, on her wedding night.[9] This expectation has led women to seek out hymen restoration before marriage or use other techniques to ensure bleeding on their wedding night.[10] Hymen restoration can involve a temporary hymen suture where a few stitches are applied to the remnants of the hymen to create a smaller vaginal opening. The stitches last for about a week, so it is intended for women who are about to get married. Additionally, there are other surgical methods as well as an "artificial hymen kit" that comes with a piece of folded gelatin containing a blood-like paste to insure the appearance of bleeding on the wedding night.[10,11] Women also may time their wedding night to coincide with their menstrual cycle or use oral contraceptives to ensure bleeding.[12] The permissibility of these procedures and resources under Islamic law are debated within the Muslim world and views vary widely.[10] However, the underlying implication is that an "intact hymen" is indicative of virginity, a woman must bleed on her wedding night to prove her virginity and women who have a "broken" hymen are no longer pure. This idea can even be seen in some of the language around virginity, in Persian the word hymen is *pardaye bekarat* or literally "the curtain of virginity."[12] The stress of these expectations can lead women to fear severe sanctions and suffer from severe mental health condition including depression and suicidality.[10]

In some places, such as the University of Jordan Hospital, this understanding has led to "forensic physicians" employed in cases of gynecologic intervention in unmarried Muslim women and girls to observe the intervention and document the integrity of the hymen or document that the intervention necessitated damaging the hymen.[9] This is done both for the patient or family's peace of mind but also for the protection of the provider doing the exam. Some providers even do pelvic exams per rectum to avoid breaking the hymen.[9] There can be an importance to a hymenal paper trail, a record of when the hymen broke prematurely if it broke during a pelvic exam or as a child playing on the couch. In some interviews of people pressed on the matter they stated that "there must always be a family witness to this childhood accident who can then stand for the girl when she is engaged and explain to her fiancé why she has no hymen and that she is blameless."[11] Some women will also seek a virginity certificate from a doctor which will confirm the integrity of the hymen, most often requested from the groom or his family, to prove their virginal status prior to the wedding.[12]

Medical Understanding of the Hymen

There are many misconceptions around the hymen and its relationship to virginity in culture but also in medicine. In a 2022 survey of 124 medical students and 216 health care providers at Penn State Health and The Pennsylvania State University College of Medicine, 17% of students and 26% of providers at least somewhat agreed that you could determine whether a person had engaged in vaginal intercourse through a gynecological exam.[13] Other misconceptions include that the occurrence of sexual assault can be determined by a vaginal examination

of the hymen or that clinicians are trained to identify the hymen and make conclusions about sexual activity or assault based on that exam.[8]

In depth anatomy of the hymen is not commonly taught in medical school, but there are important details to be aware of and be able to counsel patients about. There are a variety of different appearances that the hymen can have varying from common ones such as annular (circumferential), crescentic, or fimbriated (with finger-like projections) to more uncommon presentations such as septate (two openings with a band of tissue between them), cribriform (multiple openings), micro-perforate (with very small hymenal orifice) and fully imperforate hymen (fully covers the vaginal orifice).[8] Only about 1 in 1000 to 1 in 10,000 people have an imperforate hymen.[8] Additionally the appearance of the hymen changes with age. In newborn babies the hymen is typically thick, pale pink, and folds over on itself due to the influence of maternal hormones. After a few years of life, it becomes a thinner, smooth-edged membrane but as puberty starts it thickens, and typically assumes one of the more common presentations listed above. Additionally, during this time hymenal elasticity increases.[8]

In addition to the wide range of different types of hymenal morphology seen, there is no evidence that the sexual history of a patient can be elucidated from the appearance of the hymen or that bleeding is proof of a woman's first-time having intercourse. One paper notes that the hymen has very few blood vessels so is unlikely to bleed significantly if torn and many women do not bleed the first time they have penetrative intercourse.[8] It is likely that bleeding during intercourse is more often due to forced penetration or lack of lubrication causing trauma to the vaginal wall.[8] As far as "breaking" the hymen, in post-pubertal women the hymen is much more elastic and can often stretch allowing vaginal penetration with minimal injury. Pre-pubertal girls have a less elastic hymen and smaller vagina so are more likely to have trauma due to penetration.[14] A study conducted in 2004 comparing the hymenal morphology of 85 girls 13-19 years old with or without a history of consensual sexual intercourse found that 52% of the subjects in the sexually active group had no deep notches or complete clefts in the hymen whereas two subjects who denied sexual intercourse had a deep notch or complete cleft.[15] This shows that virginity is not a medical term and cannot be concluded from the structure of the hymen.

Bridging the Differences in Understanding

It can be difficult to bridge the gap between cultural understandings and medical understandings especially when a sensitive topic is involved. In the United States, we generally no longer link the hymen or bleeding on the wedding night as a marker of virginity. As medical providers in the U.S., we do not consider the integrity of the hymen when we are offering a pap smear to a 21-year-old woman for cervical cancer screening. We do not provide virginity exams to patients or have a forensic physician monitor the integrity of the hymen during an exam. However, knowing the possible social and societal repercussions of

not being thought of as a virgin on her wedding night, providers might have a second thought about pushing an unmarried Muslim woman to get a pap smear. Nevertheless, it is important that all women are provided with accurate information about their options and the recommendations. That may involve making sure to use a female interpreter when describing the pelvic exam or asking the patient to explain in detail what they understand about the procedure to verify understanding. If asked about virginity exams or hymen reconstruction, it is important to be honest about what we are comfortable doing in our practices. For example, we will not do a pelvic exam on a six-year-old to check for the integrity of the hymen. It may also be helpful to implement a multi-disciplinary approach that includes providers, nurses, social workers, psychologists, and ethicists to make decisions about the information that should be shared and the guidelines that should be in place.

It is also important to understand that many Muslim refugees understand that the hymen can be injured in ways other than sexual activity. Intrinsic to the question about whether her daughter's hymen is intact is the understanding that a "broken" hymen does not equate to sexual activity because it can be "broken" in other ways. This can also be seen in Muslim women remembering that older female relatives told them when they were kids that they should not jump up and down because they might "break" their hymen.[12] Unfortunately, despite this knowledge there can still be extreme consequences if women do not bleed or "break" their hymen on their wedding night.

Sharing the medical understanding of the hymen and the lack of its relationship to virginity is important as well as listening to the patient's understanding and coming to a shared decision of what is best for the patient. It may be that the pap smear should be deferred or that patients can self-swab for gonorrhea and chlamydia. It is also important for providers to not do things that they are uncomfortable with such as performing a virginity exam or a hymenoplasty. There are ongoing conversations about what services countries should offer for refugees or people coming from a different cultural background and unfortunately, there is not an easy answer.[10]

Conclusion

It is important for clinicians to be culturally informed and culturally curious. This can make a big difference in these interactions. None of the beliefs shared in this paper are overarching statements that apply to every person who identifies as Muslim. There are vast differences in practices and beliefs within the Muslim community, so it is important to be thoughtful and express genuine curiosity about what each patient's beliefs are and where they are coming from in order to give each patient the best care that we can. But it is also important to have a background understanding of some of the previous experiences and possible expectations our Muslim refugee patients may be coming into the clinic with.

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