

## ORIGINAL RESEARCH ARTICLE

# Knowledge, attitude, and practice of gynaecologists towards virginity testing in Egypt: a cross-sectional study

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## Abstract

This cross-sectional study evaluated gynecologists' attitudes, practices, and knowledge of obstetricians in Egypt towards virginity testing (VT). The study involved 120 gynecologists from private clinics and hospitals in Ismailia, Egypt. The questionnaire was developed in three sections: Section one asked questions on participants' socio demographic backgrounds, while Section two inquired on the gynecologists' knowledge, attitudes, and practices concerning VT. Section three of the questionnaire solicited information from the respondents about the characteristics of women who were submitted for VT. The results showed that 82.5% of the participants were unable to adequately identify VT. Sixty-five (54.2%) of the participants reported negative attitudes towards VT. The most common motivation for performing VT was the exclusion of an imperforate hymen in 70% of participants. 68.2% of women who presented for VT were unmarried, and 80.8% were Muslims. Virginity testing is practiced among Egyptian gynecologists despite the lack of accurate knowledge and a positive attitude towards its disadvantages. (*Afr J Reprod Health* 2026; 30 [1]: 108-115).

**Keywords:** virginity testing, knowledge, attitude, practice

## Résumé

Cette étude transversale a évalué les attitudes, les pratiques et les connaissances des gynécologues-obstétriciens en Égypte concernant le test de virginité (TV). L'étude a porté sur 120 gynécologues exerçant dans des cliniques et hôpitaux privés d'Ismailia, en Égypte. Le questionnaire était composé de trois sections : la première portait sur le profil sociodémographique des participants, la deuxième sur leurs connaissances, leurs attitudes et leurs pratiques relatives au TV, et la troisième sur les caractéristiques des femmes ayant subi un TV. Les résultats ont montré que 82,5 % des participants étaient incapables d'identifier correctement un TV. Soixante-cinq (54,2 %) d'entre eux ont exprimé des attitudes négatives à son égard. La principale motivation pour la réalisation d'un TV était l'exclusion d'un hymen imperforé (70 % des participants). 68,2 % des femmes ayant subi un TV étaient célibataires et 80,8 % étaient musulmanes. Les tests de virginité sont pratiqués par certains gynécologues égyptiens malgré un manque de connaissances précises et une attitude plutôt positive face à leurs inconvénients. (*Afr J Reprod Health* 2026; 30 [1]: 108-115).

**Mots-clés:** test de virginité, connaissances, attitude, pratique

## Introduction

Virginity, or premarital sexual avoidance, is considered a value and a symbol of goodwill by numerous religions, including Christianity, Judaism, and Islam.<sup>1</sup> To date, there have been progressive changes relating to discourses about the social and cultural significance of virginity, as well as approaches towards premarital sex around the world.<sup>2</sup>

A woman who isn't discovered to be a virgin on her wedding day may be slain by one of her relatives, as there is a notion that cleaning the humiliation brought to her family is a custom in various Arabic countries, such as Egypt.<sup>3</sup>

Furthermore, if the husband does not notice the blood, he could murder his wife. Following defloration. Therefore, the occurrence of bleeding from the ruptured hymen would be the only established proof of virginity on the wedding night.<sup>4</sup>

Virginity testing (VT) is the practice of checking the genitalia of unmarried girls to ascertain whether they have had sexual intercourse.<sup>5</sup> It is performed in many countries for different indications. In South Africa, it is carried out on school-aged females to detect any premarital sexual behavior as a means of lowering the prevalence of HIV.<sup>6</sup> In India, it is part of the examination of female rape victims for sexual

assault.<sup>7</sup> Other countries, including Canada, Spain, and Sweden, now report virginity testing, although they had no prior history.<sup>5</sup>

Virginity testing is most commonly performed on unmarried girls, frequently without their knowledge or in contexts where they are unable to consent. The examiner could be a medical practitioner, a police officer, or a community leader.<sup>8</sup> The most two common techniques for virginity testing are the inspection of the hymen for size or tears and Two-finger vaginal insertion to determine the size of the introitus or flexibility of the vaginal wall.<sup>9,10</sup> Although the World Health Organization (WHO) has acknowledged official compulsion of VT as a type of sexual assault, incidences of suicide, divorce, and honesty killing occur round the world every day as a result of coercion for females in VT before marriage to verify their virginity.<sup>11-13</sup> The objective of this study is to examine. Gynecologists' knowledge, attitudes, and practices regarding VT in Egypt. The results would be useful designing programs for engaging obstetricians and gynecologists in Egypt in reforming the practice of virginity testing.

## Methods

### Study design

The study was cross-sectional and descriptive. Among gynecologists in Ismailia, Egypt, from May to December 2023.

### Setting

The State Ministry of Health's Regional Office of the Medical Council of Ismailia was the source of the names and addresses of private clinics and hospitals in Ismailia, which was in charge of registering and regulating medical practice. Every practicing doctor has a license from the agency to work. The list included the names and addresses of 123 clinics and hospitals, as well as the addresses of their proprietors. These medical clusters and clinics may have more than one physician on staff. As a result, 142 physicians were invited to participate in the study, also the privacy of participants were preserved as they did not have to write their names in the questionnaire checklist.

### Sampling technique

The study participants provided informed verbal consent. The researcher guaranteed that the participants followed the research's ethical criteria, such as data confidentiality and participant anonymity, as well as the protection of their freedom to withdraw from the study at any time. Each item in the structured questionnaire was created in two languages (English and Arabic) to ensure its uniformity. It was scanned in three pilot clinics before being given to the participating gynecologists. The clinics were not included in the study. A self-administered form was delivered personally to the gynecologists. One of the study investigators explained the questionnaire to the participants and instructed them on how to fill it out. A face-to-face questionnaire was not used to give the participants a wide range of privacy and freedom to express themselves.

The questionnaire was divided into three sections: Section one asked about the participants' socio-demographic characteristics; Section two asked about the gynecologists' knowledge, attitude, and practices toward VT; and section three asked around the characteristics of women who presented for VT. Multiple-choice questions were left open-ended in order to prevent directing responses. Simple questions about the definition of VT, the indications of VT, and the consequences of pushing women to VT were asked. The answers to each question were rated as passed or failed. Attitudes toward VT were assessed using questions that measured the participants' perceived advantages and downsides of VT. The seven possible questions on the advantages of VT were as follows : "girls are proud of their virginity," "parents can be proud of their girls," "Girls will be terrified to have sex," "virginity teaches girls to be of good charisma," "virginity promotes asceticism from sex," and "Girls can believe in themselves." plus "Girls will not have several sex partners." The alleged downsides of VT included the following: "There are no downsides because this is a traditional procedure," "various girls are disappointed because they are not virgins," "Those that are not virgins insult the others," "some girls cheat by pretending they are virgins" " VT surveyors fail to do a good career, ""You are forced to go although you don't

want to do." "Parents doubt you," and "it is humiliating to girls." Questions in the attitude part were based on statements, and respondents were asked to score their agreement with those statements on a predetermined 5-point Likert scale (strongly disagree, somewhat disagree, neutral, moderately agree, strongly agree). High ratings (moderately agree, strongly agree) indicated a favorable mindset.

The practice questions were open-ended and included how to examine, the place of examination, whether VT has ever been recommended by the participant, the reaction to the detection result of the test, the motivations for practicing VT, and giving a medical report for the women or not. The questionnaire was pretested on ten colleagues at Suez Canal University's Department of Obstetrics and Gynecology to ensure that it was easy to understand and relevant to the issues covered. Suez Canal University's Guidance & Counseling, Psychology, Evaluation, and Research Methodology professionals evaluated the instrument's applicability and content validity. Based on their judgments of these experts, the researchers made certain changes to improve the instrument's content. The failed components were either eliminated as insufficient or remodeled into an instrument.

### **Reliability**

The instrument underwent pilot testing with 30 gynecologists who were not involved in the study to determine its reliability coefficient. To determine internal consistency, the collected data were examined using Cronbach's Alpha. Following the investigation, the coefficient alpha was between 0.79 and 0.81, which the investigator considered appropriate for the internal consistency and dependability of the equipment.

### **Statistical analysis**

The computer program statistical package for social science (SPSS) version 22 was utilized to collect, tabulate, and statistically analyze the data. Quantitative data were presented as means  $\pm$  SD or median [interquartile range], whilst the qualitative data was provided as numbers and percentages (%).

### **Ethical considerations**

The institutional review board and the research ethics committee, Faculty of Medicine, Suez Canal University, accepted the current study on 8/10/2019 by code 3969, in accordance with the Helsinki Declaration standards and STROBE statement items.

### **Results**

The questionnaire was completed by 120 gynecologists out of a total of 142. Table 1 shows the socio-demographic characteristics of the gynecologists who participated in the study. The average age of the respondent was 38.6 years (range 25-60 years). Half of the participants were females, 73.3% were married, 94.2% were Muslims, 60.8% worked in the city, and 40% held a bachelor's degree. The study found that 82.5% of the participating gynecologists could not define VT accurately. There was 77 (64.2%) gynecologists reported that there is physical, psychological, and social harm that could occur from forcing the woman to undergo virginity restoration. Sixty-five (54.2%) participants reported a negative attitude towards the presence of any advantage of VT. Meanwhile, 75 (62.5%) participants reported a positive attitude towards the presence of disadvantages of VT (Table 2). Out of the included sample, 52.5% of gynecologists had performed VT before, and 55% of them reported that the place of VT should be in a hospital. According to the gynecologists' report, 65% agreed that girls could be forced to conduct VT. The reaction of the participants to the detection result of the VT was variable. However, 50 (41.7%) of them reported that they tell the women directly the condition of the hymen, either sound or not. On the other hand, if they are unsure of the condition of the hymen, 57 (47.5%) refer them to another physician. The median number of women with uncertain results was five cases. The most common motivation for performing VT, according to the gynecologists' report, was the exclusion of the presence of an imperforate hymen in 70% of participants. Finally, most of the gynecologists (75.8%) refuse to give a medical report to the women after VT (Table 3 and 4).

**Table 1:** Sociodemographic characteristics of the participating gynecologists (n=120)

		Number	%
Age (years)	Mean $\pm$ SD	38.6 $\pm$ 12.4	
	Range	25 – 60	
Sex	Male	60	50
	Female	60	50
Marital status	Married	88	73.3
	Single	28	23.4
	Divorced	4	3.3
Religion	Muslim	113	94.2
	Christian	7	5.8
Place of work	City	73	60.8
	Village	47	39.2
	Bachelor	48	40
Certificate	Diploma	22	18.3
	Master	28	23.4
	Doctorate	22	18.3

**Table 2:** Knowledge and attitude of the gynecologists regarding the virginity

		Number	%
Knowledge of definition of VT	Yes	21	17.5
	No	99	82.5
Effects on forcing the woman to examine virginity	Physical harm	0	0
	Psychological harm	31	25.8
	Social harm	12	10
	All of the above	77	64.2
Advantages of VT	Positive attitude	55	45.8
	Negative attitude	65	54.2
Disadvantages of VT	Positive attitude	75	62.5
	Negative attitude	45	37.5

**Table 3:** Practice of the gynecologists regarding the virginity testing (n=120)

		Number	%
<b>Performing VT</b>	Yes	63	52.5
	No	57	47.5
<b>Place of VT</b>	Private clinic	54	45
	Hospital	66	55
<b>Are girls forced to undergo VT?</b>	Yes	78	65
	No	42	35
<b>What is your reaction to the detection of the result?</b>	Tell them the condition of the hymen either sound or not	50	41.7
	Tell them that it was a healthy membrane whatever its condition	3	2.5
	Tell them I'm not sure about the diagnosis	11	9.2
	Tell them I am not sure and should see	10	8.3

	another doctor		
	Tell them the truth only if the girl was safe from harm	13	10.8
	Tell them the truth if they ask me for an official report from the police	1	0.8
	Tell them the truth if the girl was alone during the examination	2	1.7
	Any of the above according to the situation	30	25
<b>What is your behavior if you are unsure of the condition of the membrane?</b>		11	9.2
	I say it is sound	52	43.3
	I say I am not sure	57	47.5
	I say I am not sure and refer her to another physician		
<b>Number of cases you were unsure of the condition of the membrane sound or not *</b>	5 [4-15]		
<b>What are the most common motivations you have for the VT in the cases encountered?</b>	Imperforate hymen	84	70
	trauma	5	4.2
	Rape	7	5.8
	Difficulty breaking up dinner after marriage	10	8.3
	The lack of blood in wedding night	11	9.2
	Working conditions	2	1.7
	Conditions of marriage	1	0.8
<b>Do you give a medical report?</b>	Yes	29	24.2
	No	91	75.8

\* Data are presented as median [inter-quartile range]

VT: virginity testing

**Table 4:** Characteristics of women presented for virginity testing according to the gynecologists' practice (n=120)

		<b>Number</b>	<b>%</b>
<b>Age (years)</b>	< 10	3	2.5
	11 – 20	73	60.9
	21-30	43	35.8
	> 30	1	0.8
<b>Marital status</b>	Yes	42	31.8
	No	90	68.2
<b>Religion</b>	Muslim	85	80.8
	Christian	35	29.2
<b>Work</b>	Working	80	66.7
	Housewife	40	33.3
<b>Education</b>	Illiterate	29	24.2
	Middle	82	68.3
	High	9	7.5
<b>Residence</b>	Urban	41	34.2
	Rural	79	65.8

<b>Percentage of cases that agree to be examined (%)*</b>		30	[20-50]
<b>Percentage of cases that forced to be examined (%)*</b>		70	[50-80]
<b>The woman's companion during the VT</b>	Alone	7	5.8
	Her friend	7	5.8
	Family member	104	86.7
	Husband	0	0
	Police	2	1.7

\* Data are presented as median [inter-quartile range] VT: virginity testing

## Discussion

Virginity examination used to evaluate the virtue and honor, unmarried women and girls are frequently under duress, threat, or coercion in many countries.<sup>2</sup>

The study found that 82.5% of the participating gynecologists could not define VT accurately. There was 77 (64.2%) gynecologists reported that there is physical, psychological, and social harm that could occur from forcing the woman to examine

This study has found that amongst gynecologists in Ismailia city, Egypt, there is a lack of knowledge of the accurate definition of VT, as 82.5% of the participating gynecologists could not define VT accurately, and 62.5% of the participants reported a substantial positive attitude towards its disadvantages. However, it is still practiced without giving medical reports if women ask for an examination for fear of the presence of an imperforate hymen. This is the first study in Egypt, as far as we are aware, to address this topic.

There is a cultural, religious, and medical practice that monitors the young girls' virginity.<sup>14</sup> The presence of a sound hymen is regarded as a sign of virginity, and a girl's virginity is lost after the first sexual encounter.<sup>15</sup> However, Previous reports claim that the existence of a hymen or the occurrence of bleeding during the first sexual intercourse is not persuasive confirmation of a virgin's condition.<sup>16</sup>

In Egypt, the topic of virginity is so important that men occasionally request medical evidence of their fiancées' virgin status before marriage.<sup>14</sup> Some women may use alternative methods to maintain their virginity, such as hymenoplasty before marriage or vaginal insertion of gelatin capsules containing fake blood on the

wedding night to confirm the incidence of bleeding during sexual intercourse.<sup>17,18</sup>

There are a few reports published in the literature discussing the knowledge and attitude of physicians towards VT. Essen et al. (2010 in Sweden showed that 51% of 507 participating physicians assessed women for virginity-related concerns. Only 12% of them reported their readiness to respond to virginity-associated problems.<sup>19</sup> Another study by Robatjazi et al. (2016 in Iran, 16 physicians and midwives who conduct VT were rated on their knowledge.<sup>8</sup> They found that the main reasons for requesting VT are cultural factors and social pressures as Fear of not being a virgin and needing to confirm virginity before marriage. Additionally, the physicians claimed that VT was unreliable in detecting virginity, and the majority of them felt pain with doing the test.<sup>8</sup> Additionally, Moaddab et al., published in a survey included 288 physicians in the United States that 29 (10.1%) of the physicians reported women who sought VT in the past year, and ten (34.5%) approved to perform test.<sup>20</sup> Previous studies reported that Physical inspection of the hymen is a very poor and unreliable procedure in assessing whether earlier sexual intercourse has happened or not.<sup>21,22</sup> Previous research indicated that real inspection of the hymen is a very poor judge and a doubtful tool in evaluating whether or not prior sexual intercourse occurred. The results of the present study coincide with previous studies, and 47% of the participating physicians tell the women that they are not sure of the condition of the hymen.

About two-thirds of the participants of the present study reported that physical, psychological, and social harms could occur from forcing women for VT (64.2%). This was like previous studies that found significant physical harm to virginity examinees, up to suicidal attempts.<sup>8,23,24</sup>

Additionally, in a Turkish study by Frank *et al.*, 93% of 118 participants felt that VT is psychologically painful for women, 64% said they were an invasion of privacy, and 60% said they resulted in loss of the examinee's self-image.<sup>25</sup>

In the present study, about two-thirds of the participants disagreed with VT and had a positive attitude towards its disadvantages. The most common motivation for performing VT was fear of the presence of an imperforate hymen, and 75% of them refused to give a medical report to the women after VT. These results coincide with Frank *et al.*'s study, which found that 68% of the study participants reported that VT is unsuitable in circumstances when there are no allegations of sexual assault, and the most frequently claimed advantage of VT is the collection of forensic evidence. On the other hand, virginity proof, maintaining A woman's honor and family honor were less commonly mentioned.<sup>25</sup>

The woman's age at which VT is performed is one of the arguments against the practice; it is alleged to be performed on girls between the ages of seven and 18 years.<sup>11</sup> A girl at this age may undergo the test under parental and societal pressure, as a child at that age cannot possibly understand what VT all is about. The current study shows that most of the cases (63.4%) that underwent VT were less than 20 years old, and 70% of them were forced to perform the test. This agrees with the previous study in Turkey reported that 58% of the included participants believed that women undergo VT against their will in 50% of cases, and 25% indicated that women were forced to perform VT in 90% to 100% of cases.<sup>25</sup>

According to the participants' views in the present study, 86.7% of women were accompanied by a family member during VT. Therefore, the VT is usually requested by parents. This was like Frank *et al.*'s study, in which More than half of physicians said they received requests for VT from parents.<sup>25</sup>

Although parents do not have the legal right to order VT, they frequently push physicians to undertake these examinations in the excuse of family honor.<sup>26</sup>

Human Rights Watch declared forced virginity tests and considered them as cruel, humiliating, and dehumanizing practices that aim to denigrate and ridicule women in their community.

Egypt is a party to the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, which is also violated by this. Additionally, it violates both Article 5 of the Universal Declaration of Human Rights and Article 7 of the International Covenant on Civil and Political Rights, which state that torture and cruel, brutal, or humiliating treatment or punishment are prohibited (also known as the "Convention against Torture").<sup>27</sup>

## Strengths and limitations

The study elaborates on the knowledge, attitude, and practice of Egyptian gynecologists towards VT for the first time. One of the study's drawbacks was that several gynecologists refused to participate, possibly because they had varied experiences with VT. In addition, the questionnaire-based data gathering technique may have been prone to participant self-report and recall biases. The questionnaire data could be influenced by Self-selection bias, favoring respondents who were more interested in the problem of VT.

## Recommendations

The health professional associations in Egypt should disallow the use of VT liberally and create national recommendations for physicians. about the necessity and requirements to perform VT. Physicians should be educated about the lack of dependability and potential hazards associated with VT. Further research in many nations is required to realize the cultural basis for doing VT., and to clarify the attitudes and practices of physicians from countries where VT is practiced.

## Conclusion

VT is practiced among Egyptian gynecologists despite a lack of correct understanding and a favorable attitude toward its downsides.

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## Declaration of interest

The authors disclose no conflicts of interest.

## Contribution of authors

Data collection was conducted by *Zakia Mahdy Ibrahim*; statistical analysis was performed by *Mariam Lotfy* ; methodology development and publication were carried by *Heba saber Mohamed*; and the discussion and publication contributions were completed by *Mohamed Fawzy Ibrahim*.

## References

- Duarte-Santos LA. Virginity and defloration: concepts and knowledge. *Port Med.* 1963; 40(2):73-95.
- Sprecher T, Stanislav T, and John K. Premarital sexual standard socio- sexuality: Gender, Ethnicity, and Cohort differences. *Arch sex Behav.* 2013;42(8):1395-405.
- Kandela P. Egypt's trade in hymen repair. *Lancet.* 1996; 347(9015):1615.
- Hegazy AA and Al-Rukban MO. Hymen facts and conceptions. *Health.* 2012;3(4):109-15.
- Olson RM and García-Moreno C. Virginity testing, a systematic review: *Reprod Health.* 2017;14(1):61.
- Behrens KG. Virginity testing in South Africa: a cultural concession taken too far? *S Afr J Philos.* 2014;33(2):177-87.
- Ayotte B. State-control of female virginity in Turkey: the role of physicians. *J Ambul Care Manage.* 2000;23(1):89– 91
- Robatjazi M, Simbar M, Nahidi F, Gharehdaghi J, Emamhadi M, Vedadhir A-A, and Hamid Alavimajd .Virginity testing beyond a medical examination. *Glob J Health Sci.* 2016;8(7):152.
- Independent Forensic Expert Group. Statement on virginity testing. *J Forensic Leg Med.* 2015; 33:121–4
- Khambati N. India's two-finger tests after rape violate women and should be eliminated from medical practice. *BMJ.* 2014;348: g3336–g36.
- World Health Organization. Eliminating virginity testing: an interagency statement: World Health Organization; 2018.
- Juth N, Tännsjö T, Hansson S-O and Lynöe N. Honour-related threats and human rights: a qualitative study of Swedish healthcare providers' attitudes towards young women requesting a virginity certificate or hymen reconstruction. *Eur J Contracept Reprod Health Care.* 2013;18(6):451-9.
- Eşsizoglu A, Yasan A, Yildirim EA, Gurgun F, and Ozkan M. Double standard for traditional value of virginity and premarital sexuality in Turkey: A university student's case. *Women's Health.* 2011;51(2):136-50.
- Wynn LL and Hassanein S. Hymenoplasty, virginity testing and the simulacrum of female respectability. *Signs: Journal of Women in Culture and Society.* 2017; 42:893-917.
- Abboud S, Jemmott LS, and Sommers MS. "We are Arabs:" The Embodiment of Virginity Through Arab and Arab American Women's Lived Experiences. *Sex Cult.* 2015;19(4):715-36.
- Cinthio H. "You go home and tell that to my dad!" Conflicting claims and understandings on the hymen and virginity. *Sex Cult.* 2015;19(1):172-89.
- Steinmüller H and Tan T. Like a virgin? Hymen restoration operations in contemporary China. *Anthropol Today.* 2015;31(2):15-8.
- Kamm E. Dimensions of honour in Kremo Kartli, Georgia: The importance of virginity in the name of honour. 2016. In S. Voell & I. Kaliszewska (Eds.), *State and legal practice in the Caucasus: Anthropological perspectives on law and politics* (pp. 83-94). London, England: Routledge.
- Essén B, Blomkvist A, Helström L, and Johnsdotter S. The experience and responses of Swedish health professionals to patients requesting virginity restoration (hymen repair). *Reprod Health Matters.* 2010;18(35):38- 46.
- Moaddab A, McCullough LB, Chervenak FA, Stark L, Schulkin J, Dildy GA, Susan P. Raine, and Alireza A. Shamshirsaz . A survey of honor-related practices among US obstetricians and gynecologists. *Int J Gynecol Obstet.* 2017;139(2):164-9.
- Pillai M. Genital findings in prepubertal girls: what can be concluded from an examination? *J Pediatr Adolesc Gynecol.* 2008;21(4):177-85.
- Mishori R, Ferdowsian H, Naimer K, Volpellier M, and McHale T. The little tissue that couldn't–dispelling myths about the Hymen's role in determining sexual history and assault. *Reprod Health.* 2019;16(1):74.
- Shalhoub-Kevorkian N. Imposition of virginity testing: a life-saver or a license to kill? *Soc Sci Med.* 2005;60(6):1187–96.
- Dignity on Trial. New York City: Human Rights Watch; 2010. <http://www.hrw.org/sites/default/files/reports/india0910webwcover.pdf>. Accessed 20 March 2020.
- Frank M, Bauer H, Arican N, Korur Fincanci S, and Iacopino V. Virginity examinations in Turkey. *JAMA.* 1999;282(5):485.
- Human Rights Watch Women's Rights Project. A matter of power: state control of women's virginity in Turkey. Human Rights Watch. 1994; 6:1-38.
- Boyle, Kevin and Adel Omar Sherif. *Human Rights and Democracy: The Role of the Supreme Constitutional Court of Egypt*. Boston: Kluwer Law International, 1996. "Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment." <<http://www2.ohchr.org/english/law/cat.htm>>.