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For our parents
and for
Amelia Aleene Elisabeth

9. Young Women's Sexuality in Tunisia: The Health Consequences of Misinformation among University Students

Angel Foster

Angel Foster interviewed Tunisian women university students in the dormitories of the University of Tunis while working on a project on women's health and sexuality. She describes the dissonance these young women experience between the peer pressures they feel at university, their own needs, and the expectations of their families.

The conflicts between the mores taught in rural traditional families and the changing interpretations of sexuality found in urban areas and in university settings are very real and have an impact on individuals' private lives. Medical technology—birth control, abortion, hymen reparation—not only raises moral and social issues for young women but has also affected sexual behavior and the traditional emphasis on virginity. —Eds.

HAGER'S STORY

Hager is a twenty-five-year-old university student in Tunis. For her, sexuality is a problematic issue. Hager notes that in the past girls married young, and therefore enjoyed full sexual lives in their late teens, with their husbands. Now many university students like Hager anticipate marrying in their late twenties or early thirties, after finishing their studies and perhaps beginning a career. For Hager, this is a long time to wait to experience sexual intimacy. She is torn: she believes strongly in the longstanding cultural and religious tradition of abstaining from sexual relations until marriage, but she has sexual needs that she wants to meet. Hager feels pressure from her family, her fellow students, and society. She comes from what she calls a conservative family in Tunis, a family that expects women to preserve their virginity until marriage. But what if she never gets married? If she doesn't get married until her thirties, will she still be attractive? Will she still have sexual desires? Many of Hager's friends are sexually active and most will have their hymens repaired in a private clinic before their wedding nights. And though Hager believes that hymen reparation is one of the most important medical procedures to become accessible in Tunisia, she feels a great deal of familial and societal pressure to remain a virgin. This pressure became so extreme and her depression so severe that Hager sought counseling, a service not widely available to university students. The sessions were largely unhelpful; the psychologist did not seem to understand or appreciate her dilemma. Feeling judged and humiliated, Hager doesn't know whom else to talk with. Though she knows that many of her friends are suffering as well, she doesn't feel comfortable openly discussing the problem of sexuality with them or anyone else. She feels very alone.

By 1994 women's average age at marriage in Tunisia had risen to over twenty-six. Though rarely discussed publicly, there is a growing consensus among health service providers that the average age of women's first sexual experience in Tunisia is decreasing and that the percentage of girls engaging in premarital intercourse is increasing. Thus throughout the region, unmarried women's health needs, particularly those needs relating to reproductive health and sexuality, are becoming increasingly significant. Yet, as Hager's story indicates, the subject of sexuality remains largely taboo. My research shows that the lack of information and services available to young women has helped to perpetuate a great deal of misinformation regarding sexuality and reproductive health, misinformation that is contributing to behaviors with negative health consequences. Since this misinformation is compounded with the continued social expectation of virginity until marriage, it appears that many young women in Tunisia are suffering from depression, anxiety, and fear related to sexual behavior, which has serious implications for their health and ability to make decisions about sexuality.

For my dissertation on women's health care in Tunisia, I did nearly sixteen months of fieldwork throughout the country in 1998–2000. As part of this research, I surveyed seventy-five never-married female university students living in Greater Tunis, students who reflected both socioeconomic and geographic diversity.[1] Through focus groups and an oral history project, I spoke to many more young women about their experiences with and

views on sexual health and sexuality; several of their stories have been included in this essay. Finally, this essay includes excerpts from a number of the more than 160 interviews I conducted with health service providers, government officials, and representatives of various organizations.

Although the Tunisian women's health program primarily targets married women, several programs focusing specifically on sexual health in adolescence were initiated in the late 1980s and 1990s. Curriculum reform to include sexual health and reproduction in secondary school natural-science courses, health activity clubs in secondary schools, and a prenuptial certification program (including reproductive health information and tests for some sexually transmitted diseases) were among the most significant policy reforms. Yet the programs and research largely focus on adolescents and secondary school students and are approached in an academic rather than a practical manner. In reflecting on her secondary school experience, Imen, a student from Hammamet, noted,

> When I was in the third year I was too young to know what kind of questions to ask; I was still a child. We were learning how the egg moves through a tube. It didn't occur to me to ask questions about hymen reparation or condoms or anal sex. But now that I want to know more about these things, where am I supposed to go? Who am I supposed to talk to?

Further, sexual-health issues are tied to marriage and address sexuality as it relates to marital life. Thus these programs provide only a limited amount of information and are generally not conducive to open communication and dialogue, as Reem's secondary school experience illustrates.

> I had so many questions about pregnancy and about how sex worked, but I couldn't ask. If I asked questions, people would judge me. People would think that I wanted the information so I could do those things. So I only listened and it wasn't until I came to Tunis [for college] that I realized there were a lot of things I didn't know.

It comes as no surprise that many young women obtain information about sexual-health issues through unofficial channels. University students generally exchange information about sexuality and sexual health with friends and peers. Although this transfer of knowledge can involve relatives from the same generational cohort (cousins, sisters, and young aunts), most of this information comes from outside the family. Although in some cases this intra-generational exchange is more open than conversations with adults, it is also prone to transmit inaccurate information. Some students are well informed and can disseminate accurate and practical information about sexual health. Many others, however, propagate myths and misinformation.

University students are poorly informed about pregnancy and sexually transmitted diseases (STDs). My discussions with students indicated that although they had a great deal of basic knowledge about HIV/AIDS and contraception, they lacked a more profound understanding. For example, although all respondents cited sexual relations and fluids as a transmission route for HIV and 85 percent cited infected blood or blood products, only 11 percent also knew that HIV may be transmitted by breast milk and from a pregnant woman to her fetus. Twenty percent of the students cited incorrect routes of transmission, including kissing, casual contact, and sharing objects (spoons and glasses) with infected persons. Further, only 13 percent were able to identify an STD other than HIV; almost all of them cited syphilis.

With respect to contraception, students demonstrated a significant amount of knowledge about the types of contraception available in Tunisia; nearly 70 percent were able to name three or more types of available contraception. And though students were well informed as to where contraceptives are distributed, 60 percent incorrectly reported that unmarried women are not able to obtain contraceptives in Tunisia, and nearly as many were unable to correctly describe how at least one method of contraception works or is used.[2] Students from central and southern governorates showed lower knowledge levels than their northern, more urban counterparts. Thus, though superficial knowledge is high, more profound knowledge of importance to sexually active students is limited.

In focus group discussions centering on sexual behavior and pregnancy, students consistently revealed a lack of profound knowledge. A great deal of misinformation exists regarding both the mechanics of pregnancy and the risks associated with particular sexual behaviors. Popular inaccuracies include the belief that pregnancy requires full penetration or multiple liaisons, that the hymen serves as a barrier to both pregnancy and STD transmission, and that oral and anal intercourse are risk-free alternatives to penile-vaginal contact. Students repeatedly indicated that they had learned the information from peers, primarily through discussions with others in the university and dorms.

It would be desirable for the university student population to be better informed, since an increasing percentage of female students are sexually active. When asked to assess the level of sexual activity within the female university student population, 85 percent of the students stated that many or some female students are sexually active.[3] Only two students, both from the south, stated that there are virtually no sexually active female students. However, 44 percent stated that few to none of the sexually active women are using contraception, due to misinformation, embarrassment, a partner's refusal, and lack of access.

Students' attitudes toward premarital intercourse vary widely. I asked students how they would respond if a close friend were considering having

sexual relations with her boyfriend. Forty percent stated that they would advise the friend not to engage in premarital sexual relations under any circumstance. As one student from the south remarked,

> In our religion [premarital sex] is forbidden. I would tell her not to do it. Even if the man loves her, after she sleeps with him he will leave her. He won't marry her because he will judge her, he won't be able to trust her. No man deserves a woman's virginity, it is very precious. Now there are some girls who make themselves virgins before their wedding night. I think this is very bad, it's forbidden. If my friend decided to have sex I wouldn't speak with her, I would shun her.

Approximately 45 percent of the students stated that it would be acceptable for a friend to have sexual relations before marriage as long as she was prepared for the risks, both societal and medical. Half of these students went on to say that she should only engage in sexual relations with her boyfriend if she was confident that they were going to get married. Amel, from Béja, explained,

> She has to be aware. She has to be sure that he loves her; she has to know that he will marry her. If they have sex and she gets pregnant, neither her family nor society will forgive her unless she marries this man. So if she knows this man well, if she trusts him, I think it's okay. But I would advise her to use protection. Condoms.

Finally, 15 percent of the students indicated that she could engage in sexual activity with her partner but must keep her hymen intact and thus preserve her virginity. Thus not only do female university students see themselves as a highly sexually active population, they are also becoming more accepting of premarital intercourse.

In spite of this perception of a high level of sexual activity amongst the female university student population, overwhelming social pressure against premarital sexual intercourse remains. A 1993 study of Tunisian couples concluded, "[V]irginity at marriage is still an important factor in Tunisian society, even if many young people deny it and even if many young people engage in premarital sexual relations" (Toumi-Metz 1993). Indeed, the attitudes and experiences of female students in Tunisia suggest a dissonance between sexual realities and societal expectations with regard to premarital sex. This division places significant pressure on many young women, both those who choose to abstain from sexual activity and those who engage in it. As Noura explained,

> Sex is a problem in Tunisia. It is a problem because of the dilemma that girls face. There are options, including hymen reparation, but this doesn't address the core problem. The core problem is the double standard that exists and the lack of open discussion about sexuality and women's sexual desires.

As Hager's story illustrated, many women are torn between acting on their sexual desires and adhering to social expectations. Some of those who choose not to engage in sexual relations question their attractiveness and their femininity, which harms their self-esteem. And while there is familial and societal pressure on young women to remain virgins, individual men often pressure them to be sexually active. Fétiha, a student from Gafsa, noted,

> Men want to date women who will have sex with them but they only want to marry virgins. Men break up with me because I won't sleep with them and it makes me feel awful. I feel ugly and sad. I can't concentrate on my studies. I failed my exams last year because of this. It's not fair. No one asks men if they are virgins before they get married, but for people in my town a woman's virginity is very important. I'm twenty-six years old and I'm still a virgin, but I don't want to be. I want to be able to express myself, but I can't. I think about my family and how they would respond and I just can't.

Yet in spite of the stress and depression many women go through, there are almost no counseling services dedicated to young women. Young women perceive that, in general, health service providers are unsympathetic to this dilemma, and many women continue to feel isolated. The persistent social pressure on women to remain virgins not only affects women's mental health and self-esteem, but also restricts the public discussion of sexuality and sexual behavior. As a physician working in health policy remarked, "[Female] students are sexually active. Now the average age of marriage for Tunisian women is over twenty-six. What are these girls supposed to do between the ages of fifteen and twenty-six? Many of them are going to experiment. It isn't responsible for us to just close our eyes and hope that problem will go away. It won't."

Societal expectations also place a significant psychological burden on many of the young women who decide to engage in premarital sexual activity. Indeed, as members of the Tunisian Mental Health Association wrote in 1998, "The taboo of sexuality remains effective, above all outside of the ties of marriage, evidenced by the too high frequency of suicidal conduct among female adolescents who 'sinned' and lost their virginity" (Douki 1998). The depression, anxiety, and fear associated with the loss of virginity are depicted in Samira's experience.

SAMIRA'S STORY

> Samira and her boyfriend began dating in secondary school. Though they were sexually intimate, they refrained from penetrative intercourse because Samira wanted to preserve her virginity. However, one evening he penetrated her, and Samira was afraid that

she had torn her hymen. She was terrified that her family would find out, so she constructed a story about falling on the lip of a toilet bowl. Her family was supportive and suspected nothing, but as a result of the incident her boyfriend broke up with her.

As Samira prepared to leave for the university, her family began to pressure her to become engaged. Her parents had already chosen a suitable man, a distant relative, who was working in Tunis. However, his family required that Samira produce a certificate of virginity before the engagement. Samira was terrified and sank into a profound depression. She had no one to confide in and she was afraid her secret would be revealed. Her mother accompanied her to the gynecologist.

Samira's first visit to a gynecologist was traumatic. The doctor refused to examine her and told her that she should come back a week before her marriage. Only then would he examine her and repair her hymen, if necessary. Samira tried to explain that she had fallen, but the doctor refused to listen and sent them out of his office. Samira began to contemplate suicide.

Samira and her mother then went to a second gynecologist, a woman, who was much more understanding. Again Samira was accompanied into the examination room by her mother, so she was unable to speak frankly. She explained that she had fallen. The gynecologist examined her and pronounced her still a virgin. She explained that Samira's hymen had suffered a small tear but that it was self-repairing and completely consistent with the accident she had described. Samira felt an incredible sense of relief. The gynecologist issued Samira a medical certificate attesting to her virginity, which her mother promptly took, and explained to Samira that she should return in the weeks before her wedding to make sure that her hymen had completely healed. If not, the doctor would be able to perform a reparation at that time. Samira became engaged later that year. She is not sure what she would have done if this doctor had not been so understanding.

The pressure on Samira to obtain a certificate of virginity is not unique. Indeed, suspicion is often cast on young women when they leave their hometowns for the university, and thus the number of university students requesting these certificates has been steadily increasing. Further, the last ten years have witnessed an increase in the demand for hymen reparations.[4] A growing number of physicians in Tunis work in the public sector but provide hymen reparations through a private-sector office, sometimes on a sliding fee scale.[5] One physician reflected on his work in this area: "Though I think it is a form of deception, I reconstruct women's hymens. I don't believe that a girl's life should be ruined because of an adventure.

Tunisian mores are conservative and there is a double standard, so I don't feel any guilt about my work."

Many young women in Tunisia seek a compromise between the desire to be sexually active and the societal pressure to remain a virgin. For some students the solution is to refrain from sexual activity that would rupture the hymen, as Miriam's remarks illustrate:

> Don't have sex. Even if you love him, even if you are sure that you are going to marry him, you must wait. What if he dies? What if something happens? What if you get pregnant? No, virginity is a gift to your husband and to your family. But that's not to say you can't do other things. You can be sexual without losing your virginity. Do not let him penetrate you, sleep with him but do not lose your virginity. Or anal sex, my friend does this with her boyfriend. You can do that and still be a virgin.

Obviously, significant risks accompany these types of sexual activity, notably of pregnancy and STD transmission. However, many female university students appear unaware of these risks. My discussions with students, both individually and in groups, revealed that they were surprised by the fact that a woman could become pregnant without full penetration. A former professor of medicine at the University of Tunis confirmed,

> I found that there was a very high level of ignorance with respect to women's bodies and reproduction, especially among young women. Girls would come to me, pregnant, without knowing how they got that way because, technically, they were still virgins. Many young women just do not know how pregnancy works and they think that you must have complete penile penetration and ejaculation to become pregnant.

There appears to be a widespread belief that the hymen acts as a barrier method of birth control. Therefore many women engaging in nonpenetrative sexual activity do not use condoms or other types of contraception, which has led to increasing numbers of pregnant "technical virgins." As one student from the northwest explained,

> A good friend of mine became pregnant when she was still a virgin. She is from Gafsa and she had never learned about sexual intercourse or pregnancy. She thought that she could not become pregnant unless her hymen was broken. And she did not understand that she needed to use contraception even though she was not having full sex. She was so scared. I went with her to a private clinic to get an abortion. The doctor was very patient with her and explained how she became pregnant. I'm sure she will be more careful now, but it was awful.

Although there are numerous physicians who try to use these consulta-

tions to communicate information about sexual health, the timing of such talks makes this difficult. A gynecologist who performs private-sector hymen reparations and abortions noted,

> I find this aspect of my work [technical virgins] the most difficult. So many times educated girls have come into my office not knowing how their bodies work. I ask them who they have had intercourse with and when and they stare at me. They tell me that they have not had sex, even though they are three months pregnant. I have to coax them into giving me the full story and many of them still do not know exactly what type of act led to the pregnancy. I try to use the consultation as a way of educating the young women, but when they are scared and under pressure they do not absorb a lot of this information. I doubt that it affects their behavior.

Thus ignorance and misinformation, combined with the social pressure to remain virgins, have led to an increase in high-risk behaviors among young women.

The social pressure to refrain from premarital sexual relations also affects students' attitudes toward out-of-wedlock pregnancy. When I asked students how they would advise a friend who became pregnant when she was not married, they overwhelmingly stated that they would recommend that the friend have an abortion. Nearly 70 percent stated that she should abort the fetus under all circumstances, and an additional 11 percent stated that she should have an abortion if the father refused to marry her. Kauther, a second-year student from Bizerte, noted,

> As long as she is in her first trimester, she has to get an abortion. There is no question about this. Life in Tunisia would be too difficult as a single mother. Her boyfriend, her family, the society, no one will accept this. And it would be too difficult for the child. She has to have an abortion.

Fifteen percent of students would recommend that she carry the child to term.

Students were well informed as to where an unmarried woman could obtain an abortion in Tunisia. Eighty percent cited private clinics, 23 percent cited public health facilities, and 4 percent cited traditional healers. Only 8 percent of students were unable to name a place or believed that it was illegal for unmarried women to obtain an abortion in Tunisia. Many of the students who cited private clinics noted that though it is possible for an unmarried woman to obtain an abortion at a public health facility, they would not recommend it because they believe that unmarried women are mistreated, humiliated, or judged in public facilities. Sonia spoke from personal experience:

> During my first year at university a close friend of mine became pregnant. Eight weeks into her pregnancy I went with her to get an abortion. The man was not going to marry her and she couldn't tell her family. . . . She didn't have a lot of money so we went to a public hospital. It was terrible. The staff were rude to her, they embarrassed and humiliated her. They talked about her condition and her marital status in front of other patients and amongst themselves. My friend was humiliated. In the future, I would only advise a pregnant friend to go to a private clinic, even if I had to lend her the money. She would have been treated so much better.

Students were also concerned that services in public health facilities are not confidential and thus the woman's family could learn of the abortion.

Young women's experiences with abortion indicate a great deal of misinformation regarding pregnancy. Physicians and researchers have reported that because young women do not understand the mechanics of pregnancy, they are often unaware that they have become pregnant, particularly if they have an intact hymen (Ben Rejeb 1993). In concert with shame and embarrassment, this confusion has led to women either being unable to obtain abortions or obtaining them late in the second trimester. As one woman explained,

> I have a friend who did not realize she was pregnant until she was in her sixth month. I guess she was in denial. It is almost impossible to find someone to perform an abortion in Tunisia this late in the pregnancy. I encouraged her to get money together and go to a private physician. Her family would never accept her if she had the baby. She was finally able to find someone to give her the abortion, but it was very expensive.

Young women's personal experiences with abortion reveal a significant amount of confusion and fear, fear related to societal pressures for virginity and the taboo on single motherhood. Fatma's tragic story is but one example of the degree of desperation and fear some young women experience.

FATMA'S STORY

> Fatma had never been to Tunis before she came there to study. When she arrived she felt lost and conflicted. She had never left her southern governorate or her conservative family before. Fatma wore traditional dresses and a head scarf, a rare form of attire for young women in Tunis. She also started to see someone. After dating for a couple of months she became pregnant. Her boyfriend would not take responsibility for the child and he refused to marry her. Fatma

was desperate. She decided to have an abortion, but she didn't have the money to go to a private clinic. And she was afraid that the services in a public hospital would not be confidential and that her family would be informed of her condition. So she decided to abort the fetus herself.

Unlike some students who induce abortions with herbs or detergent, Fatma decided to use scissors. She waited until the weekend because she knew that most of the women in the dorm, including her roommates, would be home with their families. Fatma performed the abortion in her dorm room. In the process she punctured her uterus and began to hemorrhage. Another student found her body later that day, after she had bled to death.[6]

Fatma's experience dramatically illustrates how fear and misinformation contribute to high-risk activities with serious health consequences. This experience had a profound impact on other women studying at the university. As one student living in the dorm at that time noted,

> The dorm never acknowledged her death; it was as if she did not exist. Girls in the dorm were scared and it was all we talked about for weeks. No one wanted to live in the same wing as the one in which Fatma had died, like there was a curse on that part of the dorm. And [the administrators] did not do anything, they did not even offer us counseling. I think this would have been a perfect opportunity to talk about sexuality and pregnancy. There are a lot of girls here who do not even know how pregnancy works. But the university chose to ignore it. I was disgusted by the way the situation was handled so I decided to live in a private dorm the following year. A number of other students did this as well.

Many students are aware of high levels of misinformation at the university and the impact this has on student behavior. Nearly half of the surveyed students suggested that young women's health could be improved through programs designed to communicate openly about sexual health and increase student awareness.

> There are a lot of things that aren't being discussed right now. I am a journalism student and I know how important it is to communicate with people directly. But with issues involving sexuality, people don't feel comfortable talking about this publicly. Many girls at the university are becoming pregnant and contracting STDs but we don't have programs that focus on this. I think we really need them.

Efforts to make information and services more available to the university population would be overwhelmingly welcomed by female students. Making health service providers more accessible, establishing counseling

services, and facilitating open discussions on issues of sexuality through health activity clubs or the dormitories are but a few of the reforms they often suggested. Many of them see programs to provide students with accurate information as ways of improving young women's health. Numerous physicians concur. One explained,

> Young women's health issues are gaining priority in Tunisia, in terms of both information and services. However, this movement is somewhat tentative because the subject is a delicate one. . . . Many of us in health promotion feel that it is important to protect young people. There are others who want to make sure that the program doesn't encourage young people to become promiscuous. But I think that a [young women's health] program is very important. . . . the curiosity about sexual issues is enormous among young people.

NOTES

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1. "Greater Tunis" in this context refers to the governorates of Tunis, Ariana, and Ben Arrous.
2. Students were asked to choose a method of birth control and explain how it works or is used. Twenty-five percent did not answer the question, and 32 percent incorrectly described the use of their chosen method. The remaining 43 percent were able to accurately discuss at least one method, with the majority choosing to speak about birth control pills.
3. The majority of these students (73 percent of the total sample) stated that "many" female students were sexually active.
4. It should be noted that "hymen reparation" is, in fact, a misnomer. Hymenoplasty is an outpatient surgery generally performed during the week prior to the wedding. The physician creates a small membrane from either hymen remnants or the posterior vaginal wall with dissolvable sutures. Upon intercourse this simulated hymen is ruptured.
5. The reported cost of a hymen reparation ranges from forty to three hundred dinars.
6. Fatma's story was first revealed in an interview with a student from Béja on October 21, 1999. This student was Fatma's neighbor, worked in the administrative office of the dorm, and was present when Fatma's father came to collect the body. The basic elements of the story were later confirmed in three interviews with others.

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10. A Thorny Side of Marriage in Iran

Erika Friedl

Until recently in Iran a twenty-year-old unmarried girl was said to be an old maid. The remark implied that something was wrong either with her or with her parents, who were shirking the important responsibility of providing their children with spouses in a timely manner. "Timely" meant to make a daughter a bride when she was around thirteen at the latest, shortly after or even before the onset of puberty. At around that time girls were considered to be "ripe," like ripe fruit, ready for adult responsibilities. Unmarried, they soon would dry up or spoil. However this custom may have developed, it necessitated that adults arrange marriages: a ten-year-old girl cannot possibly decide whom to marry, and neither can a very young man. In fact, child-betrothals were quite common. Because of the top-heavy male-female ratio in Iran, the difference in marriage age between spouses tended to be large. In the Iranian village I have studied for the past thirty-five years, for example, parents frequently looked for a future bride for their teenage sons among the girl toddlers and sought to arrange a betrothal early, for there might not be a girl left for their son if they waited too long.

According to the government census, there still is a slight surplus of men in Iran in all age groups. Usually when there is a surplus of men, women's marriage age drops. Nevertheless, over the past two decades more and more young men and women have married late, in their thirties, or have not married at all. More and more demand a voice in whom they are going to marry, or else they choose a marriage partner themselves. More and more young unmarried women are living not at home but in dormitories as students or, if they are working, on their own or with female roommates. Finally, more and more young women who don't have jobs live at home with their parents throughout their teens and beyond. Divorce is becoming more frequent, as well. These trends worry the older folks; they rightly see in them a profound shift in the meaning of marriage, even a crisis in what being a woman is all about. They also worry the young people themselves, but for different reasons.