Vaginal corona
Myths surrounding virginity
– your questions answered
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These pictures illustrate some examples of how the vaginal corona can look like.
Known by the established term “hymen,” the vaginal corona is the subject of many myths and misunderstandings. The most important of these is the notion that a woman’s vaginal opening is covered by a membrane that ruptures on penetration. This is incorrect. There is no such membrane. RFSU wishes to dispel the myths and promote knowledge of the true facts. In this booklet, we aim to give you a more accurate idea of what you will find just inside the vaginal opening of every woman.
Where is the vaginal corona located and what does it look like?

The vaginal corona is located 1–2 cm inside the vaginal opening, not deep inside the vagina. Every woman’s corona looks different – just like ear lobes, noses and labia – and differs in size, colour and shape. It consists of folds of mucous tissue, which may be tightly or more loosely folded. It is slightly pink, almost transparent, but if it’s thicker it may look a little paler or whitish. It may resemble the petals of a rose or other flower, it may be carnation-shaped, or it may look like a jigsaw piece or a half-moon. In the vast majority of cases, it is elastic and stretchy.

Sometimes, albeit very rarely, the mucous tissue folds may cover the entire vaginal opening. In this case, you
may need to see a gynecologist and have the vaginal corona opened to release menstrual blood and enable you to insert a tampon or have penetrative sex. Giving birth through the vagina changes the vaginal corona appearance, smoothing or stretching it out and making it less visible.

In older, post-menopausal women who haven’t given birth vaginally and don’t have regular penetrative sex, the vaginal corona may close up again. Occasionally, older women may experience difficulties if they wish to resume an active sex life, and they may need to seek help from a gynecologist to reopen the corona.

Nobody knows the vaginal corona’s real function, but it is probably a remnant of fetal development.
Does it hurt “the first time”?
Since the vaginal corona isn’t a brittle membrane the sensation when you first stretch out the mucous tissue folds – whether you’re inserting a tampon, masturbating or having penetrative sex – is a highly individual experience. Some women feel no pain at all, while others, with a thicker vaginal corona, have reported some pains. There may be minor ruptures in the mucous folds that hurt, and sometimes there may be a little bleeding.
For a woman to enjoy vaginal intercourse – regardless of how many times she has done it and what is being inserted in her vagina – she needs to be aroused and lubricated (wet). If she is tense and has difficulties to relax, it may hurt more. It doesn’t matter whether it’s her first, second or tenth time. It’s important to recognize the key role played by a woman’s clitoris in sexual arousal and enjoyment. The clitoral glans, for
instance, contains thousands of sensory nerve endings – more than any other part of the human body. This sensitivity is the reason why so many women enjoy clitoral stimulation. For more information on clitoral sex, read RFSU’s *Guide to Clitoral Sex*.

**Do you bleed “the first time”?**
The vast majority of women don’t bleed. No matter what their vaginal corona looks like, fewer than half of all women bleed when they penetrate their vagina for the first time. Of those who do bleed, few do so because the corona was tight; instead, there are other reasons. If you were not sexually aroused, but rather tense, nervous and too dry, minor ruptures may develop in vaginal corona and may bleed. But this has nothing to do with how many times you’ve had sex.
Can the vaginal corona break when you ride a bike or a horse?
No. Since the vaginal corona isn’t a brittle membrane, physical exercise doesn’t affect it. The vaginal corona is located 1—2 cm inside the vaginal opening – in other words, entirely within the vestibulum.

What is meant by “breaking the hymen”? Does penis length make a difference?
The various myths and the incorrect assumption that there is a covering membrane have given rise to expressions such as “breaking the hymen” and “deflowering”. These usually refer to a woman penetrating her vagina for the first time, either by herself or by having sex with a partner. What’s actually there, is the vaginal corona, consisting of elastic folds of mucous tissue,
which can’t be ruptured by a penis or any other object inserted into the vagina. When the mucous tissue is stretched, minor ruptures sometimes develop and may smart a little. These soon heal, usually within 24 hours.

The folds of the vaginal corona are located 1–2 cm inside the vaginal opening, so penis length is irrelevant.
If you’ve tried to penetrate your vagina without success, a simple gynecological examination can tell you whether the vaginal corona may be an obstacle.

**Virginity – what does it mean?**

Discussion of virginity revolves around whether a person – male or female – has ever had sex. In most people’s minds, the main question is whether or not someone has had vaginal intercourse. Virginity is a vague concept based on perceptions and myths, chiefly concerning female sexuality, that RFSU would not wish to endorse. For one thing, virginity is often associated with a heteronormative view of sex restricted to penetrative intercourse between man and woman (in other words, insertion of the penis into the vagina). For another, in many languages and cultures, virgin-
ity is synonymous with innocence, the opposite of which is guilt. There is no guilt involved in having sex, and no need to feel guilty about it. What’s more, such myths are used against women in particular; for instance as an excuse for spreading rumours and committing sexual assaults.
At RFSU we sometimes receive questions about how to know whether or not you are a “virgin.” You are the only person who can decide that. Different people have different ideas about which sexual acts constitute a “loss of virginity.” Some people restrict it to vaginal intercourse, while others count other activities as well.
Is it possible to see or feel whether a woman has ever had sex?
No. Looking at a man’s penis and a woman’s vagina, it’s equally impossible to tell whether that person has ever had sex. Neither a gynecologist nor a sex partner can tell whether you’ve had vaginal, oral, anal or manual sex. No-one else can detect whether you’ve had sex.

Can the corona be stitched up?
Surgery on the vaginal corona rarely solves any problems, firstly because outcomes vary, and secondly because it helps to maintain patriarchal structures and a prejudiced view of women and their sexuality. (Some women face the demand that they should have an intact “hymen” when they get married, as a guarantee that they haven’t had premarital sex with anyone
else.) Surgery on the vaginal corona is unusual (some private clinics will perform procedures, but they are expensive and offer no guarantees regarding bleeding upon penetration), mainly because the outcome is uncertain. Usually the patient can instead be helped through non-surgical therapy. This involves sessions with a gynecologist, counsellor and physiotherapist intended to validate the patient’s concerns, strengthen her self-confidence and reduce her self-inflicted guilt.
What happens if the procedure is still performed?
If one still decides to perform the procedure, which is highly unusual, a couple of stitches are inserted on each side of the vaginal corona. The stitches should have dissolved by the time of the patient’s wedding and shouldn’t be detectable by anyone else. However, it is not possible to sew a membrane in place, to recreate something that never existed. Doctors say it’s like “stitching butter” because the tissue is soft and elastic. The stitches themselves rarely cause bleeding and may be discovered if the woman is forced to undergo a gynecological examination prior to her wedding. The stitches may also fall out as soon as the patient leaves hospital.
So, a procedure helps the patient more on a psychological level than on a physical one. Bleeding upon penetration cannot be guaranteed.

Can you tell from a woman’s corona if she has suffered a sexual assault? Although you can’t tell from looking at a vaginal corona whether it has been penetrated, if you’ve been the victim of a sexual assault it’s possible to find traces of your attacker. It’s therefore critical to seek medical care as soon as possible after the incident, and not to wash yourself. The injuries that doctors record and the samples they take can be used as evidence in court. Equally important is the need to talk to someone and get counselling and support to help you deal with what has happened.
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