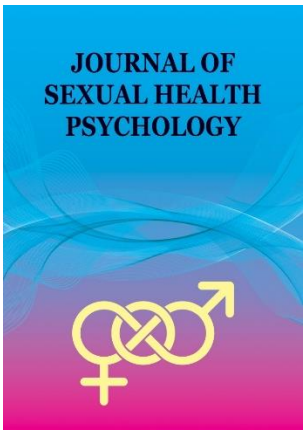
Journal of Sexual Health Psychology Volume *1* issue *2 pp 65-76*



Journal of Sexual Health Psychology

e-ISSN. (2821-1510). Journal homepage: https://www.journalshp.com

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To link to this article: http://dx.doi.org/10.52547/JSHP.1.2.65

Published online: 12 Dec 2021.

THOERITICAL ARTICLE

Article type

Journal of Sexual Health Psychology
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Why Iranian women undergo aesthetic genital surgeries? A qualitative study

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KEYWORDS
Aesthetic genital surgery; physician-patient relationship; couple dynamics;

Submitted
2022.08.28

Accepted
2022.12.12

Abstract

Purpose: In recent years the prevalence of cosmetic genital surgery in women has increased. This qualitative study has attempted to explore the rationale behind the decision of undergoing aesthetic genital surgeries in a sample of seven married women who had undergone such surgeries in Iran (Tehran).

Methods: Seven in-depth semi-structured narrative interviews were conducted, and the results were analyzed via thematic analysis techniques.

Results: Three main themes emerged, namely, 'individual problems', 'Couple relationships', and 'Physician-Patient Relationships'. Six sub-themes that were commonly repeated were mental health issues, inadequate sexuality education, imbalanced couple dynamics, communication difficulties, simultaneous surgical intervention in the peri-genital region, and imbalanced power relations.

Conclusions: It seems that an interplay of different personal and interpersonal issues, facilitates women's decision-making process and propels women in choosing genital aesthetic surgeries. Thus, women are advised to consult with a psychosexual therapist, a clinical psychologist, or a psychiatrist before making any decision about undergoing cosmetic surgery.

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Introduction

In recent years there has been an increasing trend in the number of women asking for cosmetic surgery in the reproductive system, but recommendation for genital cosmetic surgeries or its prohibition has always been controversial (Bramwell & Morland, 2009; Lloyd, et al., 2005; Simonis et. al., 2016). A review of cosmetic surgeries, considered female genital surgery to include functional areas such as vaginal prolapse as well as vulvar and labia cosmetic surgeries, noting that the line between cosmetic surgery and medically indicated surgery is unclear (Iglesia, et.al,2013). Also, a review of a variety of genital cosmetic surgeries demonstrated that labiaplasty and clitoris size reduction are often requested for cosmetic or functional reasons (friction, interference with intercourse, and interference with exercise). However, vaginoplasty and perineoplasty are commonly used to increase friction and sexual satisfaction and sometimes for cosmetic reasons (Goodman et al., 2010). According to another study, the cosmetic interventions of the genitalia, especially labial size reduction surgery, mostly attract younger people. They are influenced by model pornography publications rather than their anatomical reality (Colson, 2012). Dougall states that a wide range of variation in the female reproductive system is medically normal, and the variation in the appearance of the female reproductive system is as varied as the appearance of snowflakes. This ideal has been created by the media and conveys the message to women that there is a problem if their reproductive system does not conform to that ideal. However, there is a growing desire for an ideal look, achieved by removing pubic hair and cosmetic genital surgery. In other words, some experts say that the reason for the increase of demand for such surgeries is the change in people's perceptions of the normal anatomy of the female reproductive system due to social factors such as the availability of nude images on the Internet and other media (Brandenburg, 2009; Veale et al., 2014). According to a study, genital cosmetic surgery is the same as female genital mutilation and should be prosecuted (Berer, 2007). Leyod and Creighton in their review also address the issue that surgery is a high-risk process and that there is no evidence of sustained psychological or functional benefits as a result of this type of surgery. They believe that solutions other than surgery should be used to respond to concerns of girls and women about the appearance of the reproductive system and that education should be given to women to understand that normal female reproductive system is very diverse (Lloyd et al., 2005). A review of literature on female genital surgery, mentioned that physicians struggle with cultural and personal bias when discussing the future of female genital surgery. Ethically, the explanations given to patients need to be based on the best evidence available. For example, we should explain to women seeking cosmetic surgery that these surgeries are not a means of improving the couple's relationship and can't alleviate the psychological distress or problems of a relationship. They should also be aware of the normal variations of the female reproductive system and ethically commit physicians to inform applicants of the risks and complications of surgery (Likes et al., 2008). According to a research, women seeking labiaplasty had a higher prevalence of avoidant behaviours, lower satisfaction of the appearance of their genitals, lower overall sexual satisfaction, lower quality of life and 10 of the 55 of them, suffered from dysmorphophobia. So, it is recommended to do psychiatric evaluation of these patients beside checking on true pelvic structure disorders such as pelvic organ prolapses, or stress urinary incontinence (Veale et al., 2014). Despite opposition from studies such

as Creighton or Iglisia, that consider these surgeries due to social vulnerabilities and considering women as social products (Iglesia, 2014), for Matlock, genital cosmetic surgery is Safe and Effective for Patients (Matlock & Simopoulos, 2014). Cardozo and Cartwright believe that women should be free to choose cosmetic genital surgery (Cartwright & Cardozo, 2014). Although, there has been a significant increase in the prevalence of genital cosmetic surgeries in Iranian women, with its complications, economic cost and its consequences, insufficient research has been conducted on its causes, and the impact of genital aesthetic surgery on female sexual satisfaction. Therefore, we decided to conduct a direct qualitative study on the experiences of Iranian women (who have undergone genital cosmetic surgery) in terms of the circumstances that has led to such surgeries. This study is an attempt to explore values, beliefs, attitudes and various cultural and different bio-psycho-social factors that have structured the rationale behind the decision of undergoing these surgeries.

Method

In this qualitative study, participants were among women who had undergone aesthetic genital surgeries in Arash women's hospital and Imam Khomeini Hospital Complex in Tehran, Iran. Both hospitals are public and university hospitals, the former is a gynaecology and obstetrics speciality hospital, and the latter is the largest hospital in Iran. Purposeful sampling was used for this study. Purposeful sampling is often used to attain in-depth and detailed information from those who have experienced or are well informed about the phenomenon under investigation.

Participants

Participants were chosen by going through medical files of women who had an aesthetic genital surgery six months before the start of the data collection or earlier. Other inclusion criteria comprised being married, being able to communicate with the research team and willingness to participate in the study. The exclusion criterion was if participants had undergone those surgeries only due to medical indications rather than aesthetic purposes. Participants were recruited via phone call and were invited to take part in the interview sessions that took approximately 90 minutes.

Since participants might find talking about private issues such as aesthetic genital surgery difficult, several ethical considerations were taken into account to ease the participation in this study. All the interviews were in person, and participants chose the date and time of the interviews according to their convenience. Participants could choose the location of the interview, as well. However, all the interviewees felt more comfortable discussing their private matters in a private room in the hospital setting. Thus, all the interviews were conducted in the hospital setting. Informed written and oral consents, as well as consent to record the session, was taken before starting the interviews. Further ethical considerations were taken into account regarding the data collection process, privacy, and data protection policies, and the ethical approval of the Ethics Committee of the Tehran University of Medical Sciences was received before starting data collection. Data collection took place over an 8-month period.

Data analysis

Data was collected via in-depth semi-structured narrative interviews. Interview sessions started with a few warmup questions

followed by open-ended questions addressing participants' experience of aesthetic genital surgery. All interviews were conducted by the same member of the research team, who is a psychiatrist and is familiar with interviews regarding private matters. After each interview, the recorded session was transcribed and analysed. Transcribed interviews that were used for analysis were anonymous, and the recordings were erased after six months. Thematic analysis was used for analysing and making sense of the data gathered.

Simultaneous data analysis and data gathering both led to restructuring interview guides for the following interviews as well as understanding when the data saturation was reached. In the qualitative researches, reaching the saturation in the data collected is a common strategy in deciding the sample size, especially when the goal is to get as close as possible to participants' point of view and their understanding of a phenomenon (Merriam & Tisdell, 2015). In this study, data felt saturated after the seventh interview as no new code came up while analysing the last two interviews.

The transcribed interviews were reviewed several times, and after becoming familiarised with the data, for generating the initial codes, line-by-line coding was used. Initial codes were revised to produce main codes. Following the coding process, by grouping similar or connected codes together, the search for the themes started. Rather than using predetermined themes, the aim was to let the themes emerge out of the data and to reveal the concepts that were grounded in the data. The research team then reviewed the developed themes, and each theme was labelled. In order to differentiate between different themes and to recognize properties, and dimensions specific to each theme, the constant comparisons technique (Sharon, 2012) was employed.

Results

In our study, three main categories arose from the analysis of the data gathered from the interviews with seven women, with mean age of 43, most of them without university degrees, who had undergone aesthetic genital surgeries in Tehran, regarding the circumstances that led to demanding these surgeries, namely, individual problems, couple relationship and Physician-Patient Relationship. Six sub categories that were commonly repeated were simultaneous surgical intervention in the peri-genital region, mental health issues, inadequate sexuality education, imbalanced power relations, imbalanced couple dynamics and communication difficulties (Table 1).

Table1. Factors influencing the decision to undergo genital cosmetic surgery

Sub-category	Category	
Mental Health Issues • Disturbed Body Image • Depression • Anxiety Inadequate Sexuality Education	***Individual Problems***	Main Factors influencing the decision to undergo genital cosmetic surgery
• Imbalanced Couple Dynamics • Communication Difficulties	***Couple Relationship***	
• Simultaneous Surgical Intervention in the Peri-Genital Region • Imbalanced Power Relation	***Physician-Patient Relationship***	

Mental health issues

Undiagnosed and untreated mental health difficulties such as depression, anxiety, body

image concerns and low self-esteem were among the mental health issues that were brought up frequently during interviews. Although the interviewees did not acknowledge any direct links between these issues and the aesthetic genital surgery, the mental health issues seemed to be present in almost all of the interviewees. Some comments that expressed depressed mood and anxiety are as followed:

> "I have a problem. I do not take pills for it, but I am always a bit gloomy… it has been more than 20 years that I feel like this…"

> "I am sad, I am anxious, I am messed up from within."

> "I am sad. Nevertheless, I always try to keep up my smile so that no one can detect it. I went to a psychiatrist for a while. He prescribed some medicine which was not that effective. … last year it was really severe, I wanted to throw myself under a car."

> "I go to psychiatrist sometimes. It is like I hate myself. … When I am upset with my husband, I detest being alive. I went to a psychiatrist because of this. I asked for help. I did not want to feel that way."

Disturbed body image and traces of body dysmorphic disorder are also detectable all thorough the interviews.

> "- I was fat. I was not like this. I have lost 20 kilos. Now my husband and both my sons say I am well-shaped.
> - So, now you feel good about your body?
> - Hmmm. It was better if I was a bit chubbier."

> "I do not like my belly. It is big. Everyone says it is good, but I say it is big. If they let me, I will have another [aesthetic] surgery. Apart from this surgery [aesthetic genital surgery], I have had fat injections in my face. I like to have my breasts done, as well."

As expected, when interviewees were talking about their genitalia, their perception of its appearance was not positive:

> "- Had you ever seen your genitalia, perhaps in the mirror, before the surgery?
> - No! Never! I had touched it, though, and I did not like it. When I touched it, I felt it was too wide. It was too big."

> "One labium was smaller than the other one. It was disgusting."

These concerns about the appearance of genitalia were fuelled with wrong myths and lack of proper education about how the female body and the female genitalia might look like naturally. Thus, body image concerns were a mixture of reality and unrealistic expectations.

Inadequate sexuality and relationship education

The absence of adequate sexuality and relationship education exhibited itself with unrealistic expectations, and lack of knowledge not only regarding sexual intercourse but even regarding topics as simple as natural anatomy of genitalia, which had led to some confusions during puberty and adolescence:

> "It [Labia minora] was getting bigger and bigger. When I was 13, I thought I was

> intersex. I mean, I was only a kid. … maybe it is only my imagination, but I have always felt like my genitalia had an excessive process."

In the absence of access to reliable sources of information about sexual health, misinformation about such topics may fill in gaps in public understanding. All of the participants were misinformed regarding normal genital anatomy and were not aware of its normal variations in terms of appearance.

> "I checked on the Internet and found out theirs [their genitalia] is much prettier than mine. I hated mine."

Sexuality and related topics were so tabooed and silenced that most of the participants had never talked about these issues, even with their mothers or close friends. Most participants stated that they had never mentioned the aesthetic genital surgery to anyone other than their partner.

> "I have never talked about sexual issues with anyone."

Imbalanced couple dynamics

One of the most recurring themes in the interviews was imbalanced power relations, whether it was addressing the couple dynamics within a married couple, or when focussing on the physician-patient relationship. It is interesting how imbalanced power relations might lead to a demand for aesthetic surgeries in general and aesthetic genital surgeries in particular.

Imbalanced couple dynamics could be due to internalised patriarchal values in the society in which women become sexual objects that the only way for them to gain value is by becoming more sexually desirable. As if when women are not successful in becoming sexually desirable or fulfilling, they are not considered worthy enough, and their husbands are then entitled to search for another woman.

> "I never felt anything during sex. I only had intercourse to fulfil my husband's needs and make him satisfied, so he does not look for other women. … I was always worried that my husband might pursuit someone with a tighter vagina."

In the patriarchal mindset, women's sexual desire and their feelings are often neglected:

> "I do not have any feelings towards him, I mean when we were having sex, I closed my eyes, so I did not have to see him."

Women are blamed for and are taken responsible for men's sexual dysfunctions and their failures:

> "He was never fully erect. He blamed it on me. He said I was not attractive enough for him."

Women are not respected as who they are, and are shamed and enforced to undergo aesthetic surgeries to look more desirable:

> "My husband says now that you have done the vaginal surgery and labiaplasty, lift your breasts as well… the only problem with your face, he says, is your nose. He says I should also get a nose job."

The imbalanced couple dynamics could be due to the lack of legal and financial independence of women that takes women's autonomy away and inhibits their agency. This kind of dependency gives men an

unjustly higher level of power and damages couple dynamics.

> "My husband wants to keep me under his domination and make sure I am dependent on him."

In situations where women were the main breadwinner, and they had financial independence, they had more chances of expressing their feelings and articulating their demands.

Communication difficulties

Perhaps due to cultural traditions, or because of being worried about the possible negative consequences such as partner's disappointment or relationship challenges, rather than explicit and direct conversations, implicit methods of communication were employed by men, which left women no option but to guess what their intentions are.

> "[My husband] is not an expressive kind of man. He does not put what is in his mind into words."

> "He never says I love you or things like that. He says I love you in my heart. Although he never says I love you, I know that he loves me."

> "He is much more in control. He never says anything. He is always silent. He says I do not have to say, you should detect it from my behaviour."

> "After my second vaginal delivery, I felt like my husband was trying to tighten it [her vagina] up during sex. This really bothered me. However, he never said anything directly."

Another disruptive factor that could lead to communication difficulties was the lack of privacy. Most couples had difficulties in finding a private place, either for sexual intercourse or for a private conversation, perhaps this finding is due to lower socioeconomic status of our participants.

Imbalanced power relations

Another rather prominent display of imbalanced power relation was in the physician-patient relationship. It appeared that doctors address patients from a higher place, not recommending but ordering aesthetic surgeries.

> "My gynaecologist said although you are young, your uterus is in an awful condition and you have prolapsed. Then she suggested it is better if I do cosmetic surgeries as well, together with these."

> "I went to my gynaecologist's office for the post-operation visit. It was for another operation. She asked why I did not ask for an aesthetic surgery as well, to make it [her genitalia] look better than this. I became really upset. I did not know they could do it. I asked why she did not offer it herself; how could I know?"

Simultaneous surgical intervention in the peri-genital region

Although none of the participants had undergone aesthetic genital surgeries only due to medical indications, existing another medical condition that required surgical intervention in the peri-genital region had prompted the decision to receive aesthetic genital surgeries.

> "I needed an operation to remove my uterus. So, I asked if they [the doctors] could do these two operations together [the cosmetic surgery and the hysterectomy]. The doctor said yes, and I did it".

Comments like the above were repeated many times during the interviews, and it seemed like the aesthetic genital surgery per se was not a sufficient motivator for going to the hospital.

Discussion

The present study is using a qualitative approach to review the roots of Iranian women's tendency to cosmetic genital surgery. Three main categories arose from the analysis of the data gathered from the interviews with seven women, who had undergone aesthetic genital surgeries in Tehran, regarding the circumstances that led to demanding these surgeries, namely, individual problems, couple relationship and Physician-Patient Relationship. Six sub categories that were commonly repeated were simultaneous surgical intervention in the peri-genital region, mental health issues, inadequate sexuality education, imbalanced power relations, imbalanced couple dynamics and communication difficulties. The categories that emerged from the thematic analysis of the interviews in this study are more or less consistent with the results of the previous studies on women's motivation for genital cosmetic surgery, such as dissatisfaction with the appearance of the genitals. However, in some findings in this study were rather distinct from previous studies that will be mentioned in the following.

An important factor that plays a significant role in the motivation of cosmetic genital surgeries, as seen in the study of Veale et.al. (2014), is a negative body-image in general, which includes the appearance of their genitalia. Additionally, in this study, almost all participants had some degrees of mental health difficulties pre-surgery, such as symptoms of depression and anxiety disorders. These problems, along with the sexual and relationship difficulties, were still present six months after the aesthetic surgery. In other words, there is not any surgery that can alleviate the psychological distress and solve a relationship difficulty. Thus, women are advised to consult with a psychosexual therapist, a clinical psychologist or a psychiatrist who has a speciality in the field of psychosexual therapy, before making any decision about undergoing cosmetic surgery. This visit could both increase their sexual knowledge and rule out other disorders such as dysmorphophobia, depression and anxiety, which require a multi-dimensional treatment.

Although according to McDougall (2013), mass media and their influence on the creation of limited ideals of the beautiful reproductive system in people's minds are important factors in motivating women for aesthetic genital surgeries, in this study, the media was seldom mentioned. It may be because the participants were middle-aged (mean age of 43) and they were less influenced by media than younger generation. Also, our study performed in public hospitals and participant may had been in lower socioeconomic situation and limited access to media and the internet. Apart from the mass media, women's misinformation regarding the normal appearance of the female genitalia came from their friends and family and was perpetuated by the absence of appropriate sexuality education and was reaffirmed by their husband's dissatisfaction with the appearance of their genitalia. It seems as if there exists an ideal vagina, which is always narrow, and for instance, a woman gets far from this ideal after vaginal childbearing.

Another critical point that leads to the formation of myths around sexual intercourse is the couple's poor communication skills, especially when it comes to their sexual intercourse. In this situation, both men and women always have to guess the other one's opinion. For instance, most women in this study mentioned that they had to guess their husband's real opinion regarding the appearance of their genitalia and that they often do not have a clear understanding of this issue. Also, women's expression of their views seems to be limited and unclear, which means they have poor communication skills. Along with this issue, the lack of privacy provokes the couple's ability both regarding the sexual performance itself and regarding the ability to talk about it later openly.

As seen in the study of Zarif Moradian and Zanjani zadeh (2016) on the motivation of Iranian women to perform non-genital cosmetic surgeries, the women participating in this study did not have an independent view on deciding whether or not to undergo genital cosmetic surgery. Not only the spouses' opinion had a significant impact on women's decision to undergo such surgeries, but also their judgment of the beautifulness of women's genitalia was seen to be hugely influential. Predictably, the abovementioned types of dependence decreased with women's financial independence, and financially independent women in this study made less effort to seek self-validation from their sexual partner (Zarif Moradian & Zanjani zadeh, 2016).

In addition to women's lack of independence in decision-making, the dominance of the physician's opinion over the patients was seen in almost all of the interviewees. Physicians, sometimes by embarrassing the women who were already in a vulnerable state as a patient, had suggested the need for cosmetic surgery. Also, we should consider that some patient may prefer to accept the idea of a physician that recommend them to do cosmetic genital surgeries. Thus, as Colson points out in his review study, this type of surgery can be attributed to the social and cultural vulnerability of women, which causes women to be seen as sexual goods (Colson, 2012) to be looked at in a patriarchal society.

Another factor influencing the decision to undergo genital cosmetic surgery is the presence of a simultaneous medical indication for surgery in the genital area. Female genital cosmetic surgery can include functional areas such as vaginal prolapse as well as vulvar and labial cosmetic surgery; as if the boundary between cosmetic surgery and medical indication surgery is sometimes unclear (Creighton, 2014). Despite women's well-defined complaints about the appearance of their genitalia and although they clearly expressed sexual dysfunctions which they attributed to the shape of their genitalia; the surgery was performed only when there was an accompanying medical indication for surgical intervention in the peri-genital region.

Limitations

The main limitations of this study included cultural sensitivities about sexual issues, which created difficulties in gathering information. Our attempt to interview partners of women, who had participated in this study, and had undergone genital cosmetic surgery, failed as they were not willing to participate. As expected, it was difficult for patients to talk about sex-related topics, and this could be considered as a limitation for such studies. Another limitation of this study is that all clients were selected from a public health center and socioeconomic factors are probably different, in patients referred to private hospitals for this purpose. The patriarchal pattern should

be at least less in its traditional form or the role of the media should be more prominent.

Conclusion

Our findings suggest that different values, beliefs, attitudes and various cultural and psycho-social factors have structured the rationale behind the decision of undergoing these surgeries. The women participating in this study did not have an independent view on deciding whether or not to undergo genital cosmetic surgery. Not only the spouses' opinion had a significant impact on women's decision to undergo such surgeries, but also their judgment of the beautifulness of women's genitalia was seen to be hugely influential. The dominance of the physician's opinion over the patients is another determining factor. Apart from the mass media, women's misinformation regarding the normal appearance of the female genitalia came from their friends and family and was perpetuated by the absence of appropriate sexuality education and was reaffirmed by their husband's dissatisfaction with the appearance of their genitalia. Another critical point that leads to the formation of myths around sexual intercourse is the couple's poor communication skills, so both men and women always have to guess the other one's opinion about sexual subjects. Along with previous studies, this study also suggests that women should consult with a psychosexual therapist, a clinical psychologist or a psychiatrist who has a speciality in the field of psychosexual therapy, before making any decision about undergoing cosmetic surgery.

Conflict of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

Acknowledgements

We would like to thank the participants who shared their private issues with us in the interviews and hospital co-worker for introducing the cases of this study.

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