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ORIGINAL ARTICLE

Understanding adolescent girls' and young women's health-seeking for female genital cosmetic surgery: How can clinicians help their patients?

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Aim: This study aimed to understand why adolescent girls and young women (AGYW) would seek consultation with a health professional about genital appearance concerns and/or request female genital cosmetic surgery (FGCS). The information derived from these participant interviews can inform clinical practice and help clinicians better navigate consultations with young women and girls requesting FGCS.

Methods: A qualitative exploratory study was conducted using in-depth, semi-structured interviews with AGYW ($n = 11$) in Victoria, Australia. Participants comprised 11 AGYW who sought consultation with a health professional when aged 13–19 years for genital appearance concerns and/or requests for FGCS. Key themes were identified using a thematic analysis approach.

Results: Of 11 participants, five had undergone FGCS between the ages of 13 and 23 years. Key reasons for seeking a consultation identified in the interviews included: ideas about what 'normal' genitals look like, experiences of sexual harassment and bullying, and concerns about genital appearance developing before sexual debut.

Conclusions: It is important to understand why AGYW want to access these procedures, given the risks involved, and that FGCS is not recommended by paediatric specialist organisations. Understanding why AGYW seek consultation for FGCS can help inform clinical practice, and the views expressed by participants in this study can help clinicians who work in this area to better support their patients.

Key words: plastic; surgeryadolescent; surgery; urology/gynaecology.

What is already known on this topic

1 Adolescents and young women are increasingly seeking female genital cosmetic surgery (FGCS).
2 FGCS can be risky for young women, both physiologically and psychologically.
3 Leading paediatric organisations/bodies do not recommend FGCS.

What this paper adds

1 Provides empirical evidence from the Australian context about how FGCS is understood and conceptualised by girls and adolescents.
2 Discusses what this evidence implies for how clinicians can assist and support young women seeking these procedures or presenting with concerns about their genital appearance.

Female genital cosmetic surgery (FGCS) is non-medically indicated cosmetic surgery that 'change[s] the structure and appearance of the healthy external genitalia of women'.[1] FGCS was first described in the medical literature in 1971 as the surgical alteration of female genitalia in congenital conditions[2] and was later described as an aesthetic or cosmetic plastic surgery in 1984.[3] The term is broad and can encompass procedures such as clitoral hood reduction, vaginoplasty, perineoplasty, vulval lipoplasty and hymenoplasty.[4] The most commonly performed procedure, a labioplasty, involves removing tissue from the 'inner lips' or labia minora flanking the vaginal opening surgically or by laser.

Accurate data for FGCS in Australia are now not available as most FGCS procedures are performed in the private health-care system where the Medicare (Medicare is Australia's universal health-care insurance scheme) code used for a labioplasty, unless performed for a congenital anomaly is not available.[5] Prior to 2014, Medicare data indicated an increasing trend for these procedures. Reforms to the Medicare item numbers for vulvoplasty and labioplasty were implemented in 2014 removing a reimbursement for undergoing non-medically indicated labioplasty surgery. Medicare claims for labioplasty doubled from 744 in 2003/2004 to 1588 in 2012/2013, equivalent to 12 190 procedures in total. Nearly one quarter (23.5%) of these procedures

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were performed on young women and girls aged 5–24 years, noting that Medicare data are only provided in the following age brackets: 0–4, 5–14 and 15–24.[6] Figures reported by the International Society of Aesthetic Plastic Surgery indicate that in 2018, 1188 labiaplasties were performed by aesthetic plastic surgeons in Australia, where this figure includes procedures performed by surgeons accredited with the Australian Society of Plastic Surgeons only and does not reflect the true number which is unknown.[7] This trend towards FGCS can be seen internationally. Recent International Society of Aesthetic Plastic Surgery data indicate that this trend is continuing. Global labioplasty rates increased by 28% between 2015 and 2018, and 24% between 2018 and 2019.[8] A study of Australian general practitioners (GPs) in 2016 found that over a third of GPs surveyed had consulted with patients aged under 18 years for FGCS.[9] International evidence also suggests that young women and girls seek these procedures.[10] A 2021 study reported a high complication rate (20.5%) of labioplasty in an adolescent population ($n = 17$), with a 6.8% reoperation rate. Nearly half of this sample (47%) reported their labia had changed in size since the post-operative period.[11]

It is evident in the literature that concerns about appearance are a key reason given for adult women seeking genital cosmetic surgery.[12–14] It has been hypothesised that exposure to social media, web content and pornography might be a driver of FGCS.[10,15] While there is evidence to suggest that exposure to images of modified genitalia may influence what women perceive to be 'normal' in terms of their genital appearance,[16] it is still unclear whether exposure to pornography is a direct driver of FGCS.[17] Concerns about genital appearance can also be seen as a part of a broader phenomenon of 'vaginal shame' which Braun and Wilkinson attribute to common sociocultural representations of women's genitals as being 'absent, passive, vulnerable, dirty, smelly, shameful, and even dangerous'.[18] The literature examining reasons why AGYW seek FGCS is limited. A 2008 case report describes a 10-year-old patient who was initially operated on for labial asymmetry, who then returned for a second operation for surgery to reduce the other labium which had grown in size during the subsequent 9 months.[19] One 2009 retrospective study examines referral reasons for labial reduction in adolescent girls using a review of six case notes.[20] This study identifies that the reasons for referral were either functional (e.g. vulval irritation), or concerns about appearance. In a 2011 prospective audit of adolescent girls attending a hospital gynaecology clinic ($n = 16$), the participants were asked in a structured interview about reasons for perceived abnormal genitalia. Of these, six girls were concerned because their labia were asymmetrical. The other 10 girls had either compared the appearance of their genitals to a sibling, internet pictures or an anatomy textbook or had noticed changes to the appearance of their genitals during puberty.[21]

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Royal College of Obstetricians and Gynaecologists and the American College of Obstetricians and Gynaecologists all note the lack of a credible evidence base for the benefits of cosmetic genital procedures, particularly concerning long-term psychosocial outcomes.[1] The Society of Obstetricians and Gynaecologists of Canada similarly supports the position that there is scant evidence to support any FGCS procedures in terms of improving sexual satisfaction or self-image. Regarding adolescents and FGCS, the Society of Obstetricians and Gynaecologists of Canada further contends that 'such procedures [FGCS] should not be offered until complete maturity including genital maturity, and parental consent is not required at that time'[22] and advise that physicians who consult adolescent patients requesting FGCS require additional expertise in adolescent health. A 2021 review of cosmetic labioplasty on minors recommends that adolescent patients with genital appearance concerns should: (i) be counselled in the first instance about the wide range of 'normal' genital appearance to ameliorate any body image concerns; (ii) be referred to an experienced mental health professional if mental health issues are identified; and (iii) delay labioplasty until adulthood to ensure a well-informed decision about FGCS can be reached.[10]

Our study developed from an observed increase of referrals experienced by the Paediatric and Gynaecology service at the Royal Children's Hospital in Melbourne, Australia.[23] The Paediatric and Gynaegolcogy service at the Royal Children's Hospital saw a notable increase over time of AGYW aged 11–19 years being referred for concerns regarding their labial and genital appearance and/or requests for FGCS; despite not routinely performing elective cosmetic procedures, and there being no concomitant rise in congenital or acquired disease to explain the increased 'need' for this surgery. This study aimed to understand reasons why AGYW would seek consultation with a health professional about genital appearance concerns and/or request FGCS. In this paper, we report on why the AGYW sought help. The participants' experiences provide insight for how clinicians can support AGYW when seeking consultation for concerns regarding genital or labial appearance and/or possible surgery.

Methods

Eleven in-depth, semi-structured interviews were conducted between December 2015 and March 2018 with a purposive sample of AGYW who sought consultation with a health professional (when aged 13–19 years) in Melbourne, Australia for genital appearance concerns and/or requesting FGCS. The interview theme list is presented in Table 1:

Initial participants were identified from 63 Royal Children's Hospital (RCH) patient records. A two-step recruitment process was used to protect privacy and confidentiality whereby all potential participants were sent a letter inviting receipt of specific study information in the first instance. Six interviews resulted from the recruitment from patient records. A second phase of recruitment was then conducted to broaden the cohort to include participants who had sought consultation with any health professional (e.g., GP, psychologist, surgeon and school nurse) when aged 13–19 in Melbourne, Australia for genital appearance concerns and/or requests for FGCS as a young person. These participants were recruited via social media, a project website, university communication channels and word of mouth. Five interviews resulted from the social media outreach. Ethical approval was obtained from The Royal Children's Hospital and the University of Melbourne Human Research Ethics Committees (RCH Ethics ID: 34293A; UoM Ethics ID: 1648366). Aligned with the overall constructivist research design, the interview transcripts were analysed using a reflexive thematic analysis

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Table 1 Interview guide

	Interview theme	Example question
1.	Introductory demographic questions	Age at first and subsequent appointments with health-care provider
2.	Pathway to clinic appointment	Do you remember what the health-care practitioner recommended or thought about your concerns?
3.	Knowledge/health-seeking behaviours	What kinds of things influenced your decision to seek an appointment with a doctor?
4.	Questions specific to appointment about genital or labial appearance and possible surgery	Did you go by yourself to the appointment, or with someone else? (Who was it?)
5.	Questions specific to time after appointment about genital or labial appearance and possible surgery	What was the outcome of the consultation for genital appearance concerns/FGCS?
6.	Social interests (past and present, i.e. has this changed over time?)	What are your media interests, and social media/ internet use, etc.?
7.	Appearance views/concerns (past and present, i.e. has this changed over time?)	How important is your appearance to you?

FGCS, female genital cosmetic surgery.

approach, based on the scholarship of Braun and Clarke.[24] This process was used to identify, analyse and report themes present in the data. The coding process was iterative, whereby the data were read closely and critically multiple times. Initial codes were produced and then refined to better capture the evolving conceptualisation of the data. These codes were grouped in themes, which can be understood as patterns of shared meaning organised around core concepts and ideas. These themes are reported below.

Results

The 11 participants were aged between 15 and 29 years at the age of interview (median age 21), and aged between 13 and 19 years when they sought consultation for FGCS (median age 15). Participants reported consulting with various clinicians, including GPs, gynaecologists (public and private), a reconstructive plastic surgeon, a cosmetic surgeon, a women's health clinic and a sexual health nurse in Victoria, Australia. By the time of their interview, five participants had undergone labioplasty surgery when aged 13–23 years. During their interviews, the participants spoke to their experience of seeking consultation for genital appearance concerns and FGCS. They explained this process and timeline and how engaging with different clinicians impacted their thoughts and feelings about pursuing surgery. These insights included ideas about genital normality, embarrassment and shame, and concerns about sexual debut. Participant quotes have been given a pseudonym. Quotes include the age at which participants first saw a health practitioner about their concern, and their age at interview (e.g. Participant, 13; 19).

Concerns about not being 'normal'

Unanimously, the participants recounted that when they sought consultation for genital appearance concerns and FGCS, they did not know that a range of 'normal' genital appearance existed. Irrespective of whether they had ever seen other genitals or images of genitals, the participants felt that their genital appearance was not 'normal'. They sought help for the perceived problem of not being normal: 'I didn't think [my labia] was normal. I didn't think that was right, but also [my labia] kind of looked a bit strange as well' (Felicity, 13; 15). Participants also commonly reported that when they told other people about their perceived problem (e.g., a female parent, relative, or peer), that these confidants did not know about the actual range of genital diversity either: '[my labia] didn't look normal. We didn't know if [genital abnormality] was a thing because you know, my Mum was different [to me]' (Kate, 16; 25).

Participants spoke to seeking out information about genital appearance: 'I just made sure [by googling] that [genital appearance concern] was a real thing' (Amy, 13; 18). Searching for information about genital appearance concerns inevitably led to the participants seeing additional images (both real and representational) of female genitals. In turn, this often reinforced their motivation to seek a consultation for FGCS: '[genital appearance concern] was still weighing heavily on my mind, so I started reading and researching, and I started to see labiaplasties come up in general and watched a few documentaries about it' (Isabelle, 17; 21). Participants had ill-defined concepts of 'normal' appearance to the extent that clinicians could not reassure them that they were indeed 'normal'. As one participant stated, 'like, just telling me that [my labia] was normal wasn't like enough for me' (Piper, 15; 19).

Shame and embarrassment

Another common reason the participants gave for seeking consultation for genital appearance concerns and FGCS was either being embarrassed by or ashamed of their genital appearance: 'It was something that… I was definitely ashamed about' (Rachel, 19; 25). Participants described instances of bullying and/or harassment from peers about body and genital image. In the context of an intimate relationship at the age of 15, one participant said: 'He just started remarking on my physical appearance in general and then… one day there was a comment of "hamburger flaps" and it was something that his friends were saying as well' (Isabelle, 17; 21). These experiences were impactful, even when the participants had not been directly targeted. Another participant said: 'I remember at high school there were some boys, it was very easy for them to make fun of women's genitals. I remember being quite cognisant of comments like that' (Xanthe, 14; 29). Further to this, Xanthe described feeling a sense of dread that their 'problem' might become public knowledge that would leave them exposed: 'I remember that being a really prominent

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thought like, what if I'm not normal? What if everybody finds out?' Shame and embarrassment about genital appearance concerns also featured during early sexual experiences and partnerships, even when the participant's partner had never commented on their genital appearance: 'When I turned 18 [my boyfriend and I] went out for two years and I never stood naked in front of him. I never let him look at me with the lights on' (Paige, 17; 21).

Concerns developing before sexual debut

In the interviews, the participants talked about becoming concerned about their genital appearance when they were as young as 13 or 14, before their first intimate relationship and sexual debut. Three study participants were aged 13 years when they first sought consultation for a genital appearance concern. Participants described worrying about what a future intimate partner would think about how they looked: 'So I hadn't had a boyfriend at that stage, I'd never slept with anyone. But I was really worried that if I was to get a boyfriend or anything like that [they were] going to think I'm weird and something's not right' (Paige, 17; 21). Participants described wanting their perceived problem solved before embarking on major life milestones, such as turning 18, or starting University studies. One participant remarked: 'I was obsessed with the idea that no one would ever have sex with me and determined to take care of [genital appearance concern] before I turned 18' (Ellie, 15; 29). Genital appearance concerns were very much front of mind for participants as they thought about their future selves.

Discussion

Our study showed that participants had consulted various health practitioners about genital appearance concerns and possible FGCS, citing profoundly personal and complex reasons for their help-seeking. While guidance about the management of AGYW seeking FGCS exists,[1,10] it is unclear how the management of these patients occurs in practice across the range of health-care contexts where AGYW may seek help for genital appearance concerns. Our findings about perceptions of genital normality and diversity, shame and embarrassment, and genital appearance concerns developing before sexual debut add important dimensions to a limited literature. Understanding these reasons can help inform clinical practice and care. We present some ideas for consideration when consulting these patients:

1 Prioritise patient education about genital diversity. While AGYW may not directly ask about genital diversity or range of 'normal' when initially presenting, our data suggests this is an important opportunity for intervention. This extends to the caregiver(s) accompanying AGYW, who themselves may not know about genital diversity. Simply advising a patient that they are 'normal' may not be enough to reassure them in the absence of a broader discussion about genital diversity. We suggest having trusted and reputable resources to provide to AGYW.
2 AGYW may present asking about genital appearance concerns, and FGCS at a younger age than clinicians might expect. This does not mean that they will be sexually active yet. Some AGYW will be thinking ahead to the future and planning to 'resolve' their 'problem' ahead of major life milestones. Consider relevant social and life milestones of AGYW who present with genital appearance concerns.
3 We suggest respectfully engaging about the source of concern or worry with patients and reassuring them that a decision about FGCS does not need to be made at a first appointment. Encourage reflection and provide opportunities for patients to return for follow-up.
4 Consider that genital appearance concerns may be generated by sexual harassment and/or bullying in the context of adolescent peer groups or intimate relationships. Ask respectfully about other issues that may be pertinent for patients, and if indicated, refer on appropriately.

Conclusions

Our paper presents empirical findings to help understand the reasons why AGYW would seek consultation with a health professional about genital appearance concerns and/or request FGCS. The information derived from these participant interviews can inform clinical practice and help clinicians to better navigate consultations with young women and girls requesting FGCS.

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