



Women's attitudes towards genital aesthetic surgery and the effects of social media: A qualitative study in the context of Türk Muslim women

Kadınların genital estetiğe yönelik bakış açısı ve sosyal medyanın etkisi: Türk Müslüman kadınları özelinde nitel bir araştırma

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ABSTRACT

Aim: In the study, it was aimed to determine Türk Muslim women's attitudes towards genital aesthetics procedures and investigate the effects of social media in this regard.

Methods: In the collection of the data, the semi-structured interview technique, which is a qualitative method, was used. The study was completed with 11 women. The collected data were analyzed using the qualitative content analysis method.

Results: As a result of the content analysis, 4 main themes and 10 subthemes were determined. The main themes were: (1) reasons for genital aesthetics procedures (childbirth-related problems, sexuality), (2) attitudes (the woman's attitudes, society's attitudes, beliefs), (3) obstacles and expectations (obstacles and expectations related to health service provision, scientific obstacles and expectations, privacy), and (4) social media (information, its effects on concerns).

Conclusion: In this study, it was determined that women associated genital aesthetics procedures with sexuality and childbirth, they thought these procedures should be performed in line with women's needs, their beliefs would not prevent them from having these procedures in case they needed them, they had economic and systemic expectations regarding the subject in the provision of health services, and they mentioned the positive effects of social media in informing women and reducing concerns. It is recommended that health service providers make attempts to create appropriate environments and opportunities through which women can easily access information about genital aesthetics procedures, they inquire about women's sexuality while providing care, and they have adequate information about genital aesthetics procedures.

Keywords: esthetics; female; genital; media social; Muslim; surgery

ÖZ

Amaç: Çalışmada genital estetiğe yönelik güncel veriler elde edilerek Türk Müslüman kadınların genital estetiğe karşı tutumlarını belirlemek ve sosyal medyanın etkisini araştırmak hedeflenmiştir.

Yöntem: Araştırma verilerinin toplanmasında nitel yöntem tekniklerinden biri olan yarı yapılandırılmış görüşme tekniği kullanılmıştır. Çalışma 11 kadınla tamamlandı. Toplanan veriler nitel içerik analizi yoluyla değerlendirildi.

Bulgular: Yapılan içerik analizinde 4 ana tema ve 10 alt tema belirlenmiştir. (1) yapıma nedenleri (doğum kaynaklı sorunlar, cinsellik), (2) tutumlar (kadının tutumu, toplumun tutumu, inançlar), (3) engeller ve beklentiler (sağlık hizmeti sunumuna yönelik engeller ve beklentiler, bilimsel engeller ve beklentiler, mahremiyet), (4) Sosyal medya (bilgilendirme, kaygıya etkisi).

Sonuçlar: Çalışmada kadınların genital estetiği cinsellik ve doğumla ilişkilendirdiği, ihtiyaç doğrultusunda yapılması gerektiğini, inançlarının ihtiyaç durumunda buna engel olmadığını, sağlık hizmeti sunumunda konuya yönelik ekonomik ve sistemsel beklentilerinin olduğu, sosyal medyanın bilgilendirme ve kaygıyı azaltmada olumlu etkisinden bahsettikleri belirlendi. Sağlık hizmeti sunucularının, kadınların genital estetik ile ilgili bilgiye rahat ulaşabilecekleri uygun ortam ve imkanın sağlanması için girişimlerde bulunması, sağlık çalışanlarının bakım verirken, kadınların cinselliklerini sorgulamaları, genital estetik ile ilgili yeterli bilgiye sahip olmaları, kadınları doğru yönlendirme ve bilgilendirme açısından önemli olduğundan önerilebilir.

Anahtar kelimeler: cerrahi; estetik; genital; kadın; Müslüman; sosyal medya

Introduction

The demand for genital aesthetics procedures has recently been on the rise. Genital aesthetic operations include labium aesthetics procedures (interventions made to the labia minora and labia majora), vaginoplasty (vaginal aesthetics procedures-vagina narrowing procedures), episiotomy scar repairs (perineal aesthetics procedures), hymen repair (hymenoplasty), mons pubis augmentation (upper vagina-labia region), vaginal narrowing with laser, and vulva bleaching with laser. The rate of genital aesthetic surgeries is not high, but this rate is gradually increasing. According to the Aesthetic Surgery National Data

Bank Statistics, the rate of increase in labiaplasty surgery procedures in one year is 44% (TASfAP, 2012). Again, according to the report of the Aesthetic Society (2020), 2,993 pelvic floor reconstructions and 9,725 labiaplasty surgeries were performed in the USA. Türkiye ranks 7th in the world in terms of aesthetic surgeries, which is a significant ranking for health tourism (ASfAP, 2020). However, there is no data available regarding genital aesthetic surgery and genital aesthetics procedure rates among women in Türkiye.

Physical, psychiatric, and psycho-socio-cultural factors, as well as the media play a combined role in the decision to

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undergo aesthetic interventions, which are increasing in number and preferred frequently. In previous studies, it has been reported that there is a relationship between women's decisions to undergo genital aesthetic surgeries and their self-respect, aesthetic concerns, inability to have sexual pleasure, and sexual self-respect (Berman et al., 2003; Erdogan, 2021; Kalaaji et al., 2019; Karasz & Anderson, 2003; Malone, 2013; Özer et al., 2018). Various aesthetic concerns regarding women's genital areas have been determined. Women's desire to improve their sex lives is among the leading reasons for undergoing genital aesthetic surgeries (Sherif et al., 2021). Women may consider the shape and asymmetrical appearance of the labia majora and minora as a reason for undergoing genital aesthetic surgery. Additionally, certain physical disorders can be effective on their decisions to undergo genital aesthetic surgeries. Being uncomfortable while wearing skinny jeans and the noticeability of the shape of the vulva while wearing swimsuits, underwear, and tights are also effective in women's decisions to undergo genital aesthetic surgeries (Kalaaji et al., 2019). Moreover, women's desire to change the part they do not like due to reasons such as birth defects and accidents leads them to think about such operations (Hong et al., 2015).

The widespread use of social media and the viewing figures of celebrity news shows make aesthetic surgery appealing. In a previous study, the rate of influence of the media in this regard was reported to be 39.7% (Kalaaji et al., 2019). It is known that the media has various effects on the preference of genital aesthetics procedures, these effects may sometimes be beneficial in terms of raising awareness, but they may sometimes lead to controversies in terms of moral and ethical principles due to the visibility of an issue that is considered private or a taboo in the public sphere. It is also known that cultural and belief-related structures affect women's attitudes towards the appearance of their genital areas (Braun, 2009; Furnham & Levitas, 2012; Mullinax et al., 2015; Swami, 2009). Individuals who are not very religious are considered to be more likely to undergo such interventions. In contrast, more religious individuals may perceive aesthetic alterations as a direct intervention with their religious beliefs. In monotheistic religions, it is argued that the real beauty lies in the soul of the individual. In Islam and Christianity, the physical beauty of the individual is not emphasized, and in Islam, aesthetic surgeries performed to look more beautiful are considered to be harming the body and therefore are not approved (Hamdan et al., 2021; McDougall, 2013). Studies on genital aesthetics procedures in Türkiye are limited to only review studies, and no qualitative studies conducted in recent years were encountered (Daşikan et al., 2019; Reyhan & Dağlı, 2022).

In line with this information, in this study, it was aimed to determine Türk Muslim women's attitudes towards genital aesthetics procedures and investigate the effects of social media in this regard.

Methods

Study design and sampling

This qualitative descriptive study was conducted with the participation of women who presented to the obstetrics outpatient clinics of a hospital in the east of Türkiye for routine follow-ups. Qualitative studies focus on the emotions and thoughts of participants and aim to develop a concept to understand the examined phenomena (Suveren, 2022).

In determining the sample of the study, as a purposive sampling method, the homogenous sampling method was used.

In this method, the group that best represents the problem in question is chosen (Yağar & Dökme, 2018). In fact, the main problem of this study was to determine women's knowledge, attitudes, and behaviors regarding genital aesthetic surgeries and investigate the effects of social media on these variables. In this context, women who presented to the hospital in the dates when the study was conducted and who met the inclusion criteria were included in the sample of the study. Interviews with voluntary women were continued until data saturation was reached. Prior to the study, women were informed about the study and signed voluntary consent forms. As data saturation was reached with 11 women, the data collection stage was finalized. The inclusion criteria of the study were (1) being a married woman in the reproductive period at the age of 18-49 years, (2) having no communication problems, (3) following social media, (4) being at least a high school graduate, follows and actively uses social media (Çayırılı, 2017), and (5) self-identified as Muslim woman.

Data collection

In data collection, the semi-structured interview technique, which is a qualitative research technique, was used. Within the scope of this technique, the researcher (Kallio et al., 2016) prepared open-ended questions. In this technique, by using follow-up questions, the participants were allowed to provide detailed responses. With these questions, the limits of the subject were determined. Before implementing the study, a pilot study was performed for the interview form. As a result of the pilot study, minor changes were made to the interview form, and responses obtained in the interviews in the pilot study were not included in the main analyses (n=5). Prior to the study, the participants were informed about the study, that an audio recorder would be used, and that their identifying information would not be collected. The participants agreed to their voices being recorded on the condition that they would not share their names and surnames. One-on-one interviews were held with the participants by the researcher SB in a quiet and free room in the clinic on the first day of their encounter. Each interview lasted about 25-35 minutes. During the interviews, judgmental or supportive statements that would make the participant feel uncomfortable were avoided, because genital aesthetics procedures are perceived by women as a private matter and a subject associated with sexuality. The open-ended questions were as follows:

- What do you know about genital aesthetics procedures?
- Have you ever felt a need for genital aesthetic surgery? If you did or in case you needed it, how were the attitudes of the people in your environment or how would they be?
- How do you evaluate the changes in social media with regard to genital aesthetics procedures?
- How does your religion affect your attitudes towards genital aesthetics procedures?
- What are your thoughts and recommendations regarding genital aesthetics procedures?

Data analysis

The audio recordings obtained in the interviews were analyzed by using the qualitative content analysis method to determine Türk Muslim women's attitudes towards genital aesthetics procedures and the effects of social media in this regard (Graneheim & Lundman, 2004). Following data saturation, the audio recordings were transcribed on a Google Documents file to the letter. In the analysis of the data, the Colaizzi method was used, and the evaluation was completed in 6 stages: (1) Transcripts were read a few times by each

researcher, (2) Significant statements were determined, (3) Similar and identical statements were identified by the researchers, (4) The researchers came together and created the main themes and subthemes, (5) The statements of the participants related to the main themes and subthemes were written down, and (6) The written statements were shown to the participants for them to confirm.

Ethical principles

This study was conducted in line with the principles of the Declaration of Helsinki. The participants were informed about the study, and their informed consent was taken. Ethical approval for the study was obtained from Firat University Non-Interventional Clinical Research Ethics Committee (Decision no: 2022/03-37, Date: 24.02.2022).

Results

The personal characteristics of the participants are presented in Table 1. The mean age of the participants was 35.36 ± 2.20 (min: 33, max: 40). All participants had undergraduate degrees, and their income levels were medium. It was determined that 36.4% of the participants had given two childbirths, and 63.6% had given vaginal births. In the content analysis that was performed, 4 main themes and 10 subthemes were determined. The main themes were (1) reasons for genital aesthetics procedures (childbirth-related problems, sexuality), (2) attitudes (the woman's attitudes, society's attitudes, beliefs), (3) obstacles and expectations (obstacles and expectations related to health service provision, scientific obstacles and expectations, privacy), and (4) social media (information, its effects on concerns) (Table 2).

Table 1. Distribution of women descriptive characteristics

Variables	n	%
Age (years) Mean\pmSD	35.36 \pm 2.20	
Educational level (undergraduate degree)	11	100
Income status (moderate)		
Number of births		
1	4	36.4
2	4	36.4
3	3	27.2
Type of birth		
Vaginal	7	63.6
Cesarean section	4	36.4

Reasons for genital aesthetics procedures

When the participants were asked the question "What do you know about genital aesthetics procedures?", they focused on some reasons. Therefore, this theme included the reasons for genital aesthetics procedures from the perspectives of the participants. The participants considered genital aesthetics procedures an intervention made due to reasons such as vaginal loosening following vaginal birth, related gas release, deformations, their partner's inability to have sexual pleasure, and their desire to satisfy their partner during sexual intercourse. All participants thought genital aesthetics procedures need to be performed based on needs.

The subthemes of this main theme were determined as childbirth-related problems and sexuality.

Childbirth-related problems

The participants mostly considered genital aesthetics procedures as a natural outcome of vaginal birth.

"... I had some complaints when my little son was 1.5 years old. Gas was coming out of my vagina. Even a person sitting next to me could hear the sound of the gas. I talked about it with a close friend of mine. She mentioned genital aesthetics procedures. It was the first time that I heard about it. I gave three vaginal births, and the problem after the third one. (Participant 1, 35 years old, employed, has three children, all through vaginal births.)

"... As far as I know, genital aesthetics procedures are [involve] the correction of the genital area after childbirth. My doctor had recommended it after vaginal birth. I had undergone a very difficult labor. I had tears. (Participant 5, 35 years old, unemployed, has three children, all through vaginal births.)

"... I first heard about genital aesthetics procedures on TV and the internet. I gave birth through C-section. I think those who give normal [vaginal] birth are affected more. (Participant 3, 36 years old, employed, has two children, and had C-section twice.)

Sexuality

The participants associated genital aesthetics procedures with sexuality. They saw genital aesthetics procedures as a solution to their problems in having pleasure during sexual intercourse.

"... Aesthetic interventions are made in the genital area in order to have them look sexually beautiful, gain a more aesthetic look, and solve problems such as lack of sexual pleasure." (Participant 4, 38 years old, has two children, two vaginal births.)

"... It is something you do for sexuality, to satisfy your partner. I feel the loosening myself. When I touch it with my hands, I can feel the enlargement, I feel that my partner is not getting any pleasure. It feels like he is implying that he is not taking any pleasure during sexual intercourse..." (Participant 9, 40 years old, has three children, three vaginal births.)

Attitudes

It was determined that genital aesthetics procedures were shaped in line with the needs of women, women could have it in case they needed it, those who needed it saw it as a deficiency, and they thought those who need it should definitely have it. The participants also stated that as it is a matter of privacy, they could not talk about it in society, but the subject should be discussed. All participants reported that if they needed genital aesthetics procedures, their religious beliefs would not constitute an obstacle to it.

The subthemes of this main theme were determined as the woman's attitudes, society's attitudes, and beliefs.

The woman's attitudes

The participants supported having genital aesthetics procedures in case they are needed. Some of the statements of the participants were as follows:

"... I did not feel any need for genital aesthetic surgery. If a condition that threatens my health develops in the future, if I need it, I can consider it." (Participant 7, 33 years old, unemployed, has one child, through C-section.)

"... I cannot talk about genital aesthetic surgery a lot. I can talk about it mostly with my close friends. One hesitates to talk about it as if it is an embarrassing issue, that people may think about sexuality. ...but, if I felt uncomfortable with my body, I would have it." (Participant 3, 36 years old, employed, has two children, had C-section twice.)

Table 2. Themes of the content analysis

1. Reasons for genital aesthetics	2. Attitudes	3. Obstacles and expectations	4. Social media
Birth-related problems	The woman's attitude	Obstacles and expectations related to health service provision	Information
Sexuality	Society's attitude Beliefs	Scientific obstacles and expectations, Privacy	Its effect on concerns

"... Well, it is as if something is lacking in your womanhood, I mean, it feels like you have lost something of your own. Or you get that feeling... I need it... I will feel better. Everyone who needs it should be able to have it done." (Participant 1, 35 years old, employed, had given three vaginal births.)

Society's attitudes

In general, the participants stated that they could not talk about genital aesthetics procedures in society, and the subject was considered as embarrassing in society. They wanted to speak of genital aesthetics procedures more comfortably. Some statements of the participants were as follows:

"... It is not possible to talk about it in society (laughing). It is not talked about as it is considered something to satisfy the other person... I had talked about it with my close friends. I heard about it on the internet a year ago. My husband would not approve of such a thing." (Participant 2, employed, has one child through C-section.)

"... I think it is a very private matter. People in your environment would condemn it. ... I will have it since I need it. My husband supported it. If people talk about it more in society, if it is brought forward, and if it is normalized more, it can be seen as a normal health service, and society would get used to it." (Participant 9, 40 years old, has three children, all through C-section.)

Beliefs

All participants stated that genital aesthetics procedures could be performed when needed, and their religious beliefs were not an obstacle to it. They told the researcher that as they saw genital aesthetics procedures as an intervention to be made when there is a health problem, it was not against their religious beliefs. Additionally, the participants reported that their religion emphasized family life, and sexuality was an essential part of family life. Some statements of the participants in this regard were as follows:

"... as it affects one's sex life, and our religion emphasizes family life, I think it is not inappropriate." (Participant 6, 34 years old, has one child, had given vaginal birth once.)

"... I have no hesitation regarding my belief. I do not think it would create a problem actually." (Participant 7, 37 years old, has two children through vaginal birth.)

"... I do not think it is forbidden in our religion. It should be performed on everyone who needs it." (Participant 2, 34 years old, has one child through C-section.)

Obstacles and expectations

This theme was related to the obstacles to having genital aesthetics procedures and women's expectations of genital aesthetics procedures. The expectations and obstacles to genital aesthetics procedures stated by the participants were almost the same as each other.

The subthemes of this main theme were obstacles and expectations related to health service provision, scientific obstacles and expectations, and privacy.

Obstacles and expectations related to health service provision

The participants had various shared expectations related to health service provision. It was determined that they had expectations such as the provision of adequate information by health professionals, the provision of information about genital aesthetics procedures within the scope of primary care services, the provision of information by midwives following childbirth, the availability of counseling services, and free genital aesthetics procedures within the scope of health insurance.

"... I gave three births. After these births, information such as 'you may experience this and that, and if you experience them, you may go to these places, such and such procedures are applied, etc.' was not provided. I think nurses or at least midwives should provide information at the hospital. Training should be provided. ... It [genital aesthetic surgery] has a high cost... The government should pay for it. This procedure is said to be performed with laser as well, but it is not applied at state hospitals. I think it should be provided at state hospitals and be free of charge." (Participant 1, 35 years old, employed, three vaginal births.)

"... Information should be provided after childbirth. ...like a routine examination after childbirth. Information should include things such as 'go and get an examination, go to that place, and get yourself checked. It is like we go for follow-up after discharge. Similarly, recommendations about how long after childbirth examinations should be performed and guidance should be given.'" (Participant 7, 37 years old, has two children through vaginal birth)

"... Absolutely and certainly, it should be paid by the government like normal basic health services. If I needed it, the cost would be an obstacle. There should be an outpatient clinic for reproductive health. Just as pregnancy school and family planning outpatient clinics, there must be a separate [dedicated] unit." (Participant 3, 36 years old, has two children, two C-sections)

"... There could be some guidance provided by midwives during childbirth. The midwife in the delivery room seems to be the easiest and reasonable way." (Participant 5, 35 years old, unemployed, three children through three vaginal births)

Scientific obstacles and expectations

It was determined that the participants experienced difficulty in accessing information and publications on genital aesthetics procedures.

"... I wish there were more publications from which I could get information such as whether I would experience any problems after the operation... Would it affect my sex life? I lack information in this regard." (Participant 5, 35 years old, unemployed, has three children through vaginal birth)

"... In the beginning, I searched over Google... It was difficult to access resources. I wish there were publications that I could access more easily and that make me comfortable. Honestly, I am confused whether it would meet my expectations." (Participant 1, 35 years old, has three children through three vaginal births)

Privacy

The participants thought that privacy is the most significant obstacle to genital aesthetics procedures.

“... For the privacy aspect not to create concerns in individuals, it should be mentioned more and brought to the agenda... The material aspect and how to undergo genital aesthetics procedures without other people knowing about it frighten me.” (Participant 5, 35 years old, unemployed, has three children, all through vaginal birth)

“... I would worry about it being known by others if I wanted to get it done. I would have it, but the questions would make me hesitant. I would not know how to answer if they asked me what the operation was about. What would I say to people around if they asked where I was going... I would feel nervous thinking that it would be revealed. It is an issue about which people are concerned. I wish there were an outpatient clinic named surgical aesthetics procedures or a counseling center.” (Participant 7, 33 years old, unemployed, has one child through C-section)

Social media

This theme is related with determining the effect of social media on women's perspective of genital aesthetics procedures. Within the scope of this theme, it was determined that social media had a positive effect in terms of providing information and reducing anxiety.

The subthemes of this theme were providing information and its effects on concerns.

Providing information

The participants stated that they became aware of new methods for genital aesthetics procedures, and they needed to get more information.

... I did not come across it on social media. ...but I wish I had encountered it more. The other day, I heard from a friend of mine that there is a method applied with laser.” (Participant 5, 35 years old, unemployed, has three children, all through vaginal birth)

... I mean, previously I thought genital aesthetics procedures were performed, but now I know that they are performed. I previously thought it was applied through surgery, but now I have learned from social media that it can be applied without surgery. Beauty centers apply it for a certain price.” (Participant 7, 33 years old, unemployed, has one child, through C-section)

... I contacted a few friends of mine who I thought were knowledgeable over the phone, the internet... There were a few physicians whom I followed on social media and were recommended by my friends...When I followed them, I saw that there were different methods. This was positive, I said I wish it [the information] were more accessible.” (Participant 9, 40 years old, has three children, all through C-section)

Its effects on concerns

In general, the participants stated that the posts they saw on social media alleviated their concerns.

“... I saw on social media that it could be easily applied. This was reassuring. I saw that there were easy methods... Still, I have doubts whether it would be effective... I wish there were more posts on social media. When it is an issue related to privacy, no one writes a comment, but I started to encounter it more frequently.” (Participant 6, 34 years old, has one child through vaginal delivery)

Discussion

This study was conducted to determine Türk Muslim women's attitudes towards genital aesthetics procedures and

investigate the effects of social media in this regard. In the study, which was the first study to determine the attitudes of Türk Muslim women toward genital aesthetics procedures, some significant main themes and subthemes were determined. The main themes were reasons for genital aesthetics procedures (childbirth-related problems, sexuality), attitudes (the woman's attitudes, society's attitudes, beliefs), obstacles and expectations (obstacles and expectations related to health service provision, scientific obstacles and expectations, privacy), and social media (providing information, its effects on concerns).

In the study, the participants described genital aesthetics procedures as procedures that are performed to satisfy their partner or as operations performed for physical problems such as postnatal vaginal enlargement. Hence, the first theme was determined as “reasons for genital aesthetics procedures”. In Türkiye, studies conducted on genital aesthetics procedures are quite limited and are usually review studies, but it was seen that only in one study, the motivations of women who underwent vaginoplasty were investigated (Dogan & Yassa, 2019; Kadınlar Kulübü, 2023; Sargın & Çiftçi, 2012). Sargın and Çiftçi (2012) aimed to conduct a qualitative study to determine the reasons for women's inclination towards vaginal aesthetics procedures; however, as women refused to participate in their study, they changed the method of the study and finalized it through information collected from websites on vaginal aesthetics procedures and women's blogs and an interview held with a female physician. In their review study, Sargın and Çiftçi (2012) determined that in patriarchal societies, women are under the influence of norms. In the study conducted by Dogan and Yassa (2019) with women who had undergone labiaplasty, it was found that the reason for having vaginoplasty was sex-related by 46.5% and aesthetics-related by 52.1% (Dogan & Yassa, 2019). On a women's blog (with hundreds of thousands of women members) on genital aesthetics procedures, it was seen that women wanted to have genital aesthetics procedures due to various reasons, and most of these reasons were related to the desire to look sexually more attractive and increased problems as a result of childbirth (Kadınlar Kulübü, 2023). These findings supported the sexuality and childbirth-related problems subtheme in this study. In the international literature, there are various studies conducted in various countries with similar and different results. In the qualitative study conducted by Piro et al. (2022), two main themes were determined. One of these themes was “partner satisfaction” related to sexuality, similar to our results, and it was determined that wives had genital aesthetics procedures due to the dissatisfaction of their husbands with sexual intercourse. Other studies conducted in this regard have shown that women's need for improving sex and problems experienced after childbirth are a common theme (Al-Jumah et al., 2021; Eftekhar et al., 2021; Jordal et al., 2019; Surgeons, 2020). Similarly, in this study, thinking about genital aesthetics procedures was found to be related to the need for improving one's sex life and eliminating problems experienced in the postnatal period.

Another theme in this study was attitudes. The participants did not have a negative perception of undergoing genital aesthetics procedures. They stated that a woman should undergo genital aesthetic surgery when she needs it, their religion was not an obstacle to it, but they could not discuss the issue in society. In Türkiye, a common opinion in Islamic belief is that “if it is a health issue, all interventions are appropriate” (High Council of Religious Affairs, 2002). All participants used

the phrase "if it is needed". None of the participants said that they would undergo genital aesthetics procedures only for themselves. In this context, the results were consistent with Türk-Muslim society (Ozbek & Sumer, 2019). In the international literature, women's attitudes towards genital aesthetics procedures have been determined to vary. Women could tend to prefer genital aesthetics procedures to gain a standard look such as "Barbie Doll" look (Barbara et al., 2017; Sharp et al., 2016). The differences in results are thought to have stemmed from the different religious and cultural backgrounds of the participants. Studies in the international literature support the view that societies have prejudiced and fixed attitudes towards genital aesthetics procedures (Bonell et al., 2021; Davis, 2016; Sasson et al., 2022).

In this study, all participants mentioned their expectations of genital aesthetics procedures and some obstacles these procedures. Under this theme, it was determined that in case they underwent genital aesthetics procedures, they would have expectations related to health service provision and obstacles such as difficulty in accessing scientific knowledge and the inability to protect their privacy. There are no studies in Türkiye on women's expectations of genital aesthetics procedures and obstacles to undergoing genital aesthetics procedures. In the international literature, it has been reported that women have concerns related to the outcomes of genital surgeries, and genital aesthetics procedures are a matter of privacy (Bjornsson et al., 2010). Therefore, women shy away from talking about genital aesthetics procedures and tend to hide that they have had surgery due to fear of stigma (Müllerová & Weiss, 2020; Roen et al., 2018). The reason why the participants of this study demanded the provision of counseling services about genital aesthetics procedures, and they thought that these services could be provided by midwives may be that they believed that they could access information more easily and discuss the issue of genital aesthetics procedures as a matter of privacy more comfortably with midwives. This may be because midwives are healthcare professionals who play the main part in women's monitoring and follow-up. The literature in this regard supports the provision of counseling services that cover all positive and negative aspects of genital aesthetics procedures (Mellman, 2010; Müllerová & Weiss, 2020).

The final theme determined in this study was social media. It was found that the participants were satisfied with the representation of genital aesthetics procedures on social media, they discovered information about new methods, and their concerns decreased as they learned about easily applicable methods. There are no studies in Türkiye on the effects of social media on genital aesthetics procedures, but in review studies and international studies, it has been reported that social media has increased the visibility of genital aesthetics procedures and has had both negative and positive effects. The negative aspect of social media is related to the idealization of unreachable beauty standards for women (Mingoia et al., 2017). A relationship was determined between exposure to social media and genital dissatisfaction. On the other hand, it was determined that most women have access to information about genital aesthetics procedures through social media and the internet (Sharp et al., 2016). The results of this study showed that women used social media as a source of information on genital aesthetics procedures.

Limitations

This study had some limitations. The researcher's preparation of some interview questions in advance may have

affected the course of the interview. However, it is thought that the impact of this limitation was low, as the flexibility of a semi-structured interview allows the person to open up their answers with side or follow-up questions. For this reason, future studies in this population can be planned to include open-ended and closed-ended question together. Additionally, as per the nature of the interview technique, the results of this study cannot be generalized to the entire population. The results of the study can be generalized only to individuals with similar or identical characteristics.

Conclusion and recommendations

As a result of the study, it was determined that Türk Muslim women saw genital aesthetics procedures as an intervention to improve their sex lives, women supported genital aesthetics procedures in case they are physically needed, they did not perceive their religious beliefs as an obstacle to genital aesthetics procedures, and social media was an important tool for providing information in this regard. It was also found that there were some obstacles to undergoing genital aesthetics procedures for women, and women had some expectations in relation to these obstacles.

In line with these results, some recommendations can be made for health service providers, health professionals, and scientists. It can be recommended that health service providers make interventions to provide suitable environments and opportunities for women to have easier access to information about genital aesthetics procedures. The inquiry of women's sex lives by health professionals while they are providing healthcare services can help women express their problems more comfortably. It is also health professionals approach women by respecting their privacy that so women can express their concerns related to genital aesthetics procedures. The women participating recommended that health professionals have adequate information about genital aesthetics procedures, as it is important for women to be guided and informed accurately. It may be beneficial that in this study clearly stated that they had difficulty in accessing scientific information. Hence, it is recommended that more studies be conducted on genital aesthetic surgery methods, the risks that are involved, and benefits, taking into account cultural characteristics, and experts should provide more information about the subject on social media.

Conflict of Interest

The authors have no conflicts of interest to disclose.

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Ethics Committee Approval

The study was conducted in accordance with the principles of the Declaration of Helsinki. Participants were informed about the study and their written informed consent was obtained. Institutional review board approval was obtained from the research ethics committee of Firat University Non-Interventional Clinical Research Ethics Committee (Decision no: 2022/3795, Date: 24.02.2022).

Informed Consent

Written consent was obtained from the participants.

Peer-Review

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Author Contributions

S.B.: Conceptualization, Methodology, Formal Analysis and Investigation, Writing - Original Draft Preparation, Writing - Review and Editing.

T.A.A.: Conceptualization, Formal Analysis and Investigation, Writing - Original Draft Preparation.

G.A.: Methodology, Formal Analysis and Investigation, Writing - Review and Editing.

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