Factors That Influence the Decision to Undergo Labiaplasty: Media, Relationships, and Psychological Well-Being

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Abstract

Background: An increasing number of women are undergoing labiaplasty procedures; however, very little is known about the psychological factors that motivate women to seek out this procedure.

Objectives: To investigate the factors that influence women’s decisions to undergo labiaplasty.

Methods: Women seeking to undergo labiaplasty (n = 35) were compared with women who were not (n = 30). Standardized measures were employed to assess the patients’ media exposure (television, the Internet, advertising, pornography), relationship quality, and psychological well-being.

Results: Women’s motivations for deciding to undergo a labiaplasty procedure were characterized as “appearance,” “functional,” “sexual,” or “psychological” motivations, with concerns about the labia’s appearance being the most commonly reported motivation. Correspondingly, women seeking labiaplasty were significantly less satisfied with the appearance of their genitals than the comparison group (P < .001). These women had also experienced greater exposure to images of female genitalia on the Internet (P = .004) and in advertisements (P = .021), and had internalized these images to a greater extent (P = .010). There were no differences between the two groups on the measures of relationship quality. However, significantly fewer of the women seeking to undergo a labiaplasty procedure were involved in a romantic relationship at the time of the study (P = .039). There were also no differences between the two groups on the measures of psychological well-being, except that women seeking to undergo labiaplasty were less satisfied with their lives overall (P = .027).

Conclusions: The findings identified media exposure and relationship status as important factors that influence women’s decisions to undergo labiaplasty.

Level of Evidence: 3
physical or functional concerns of both a sexual and non-
sexual nature.\(^3\)\(^11\)\(^12\) For example, in a retrospective study
of 163 labiaplasty patients, women’s reported motivations
for undergoing the procedure were as follows: aesthetic
dissatisfaction with labia (87%), discomfort when wear-
ing clothing (64%), discomfort when taking part in sports
(26%), and painful sexual intercourse (43%).\(^12\) One pro-
spective study of 33 women seeking to undergo labia-
plasty similarly found that labial appearance was the
patients’ most commonly reported concern (78%), fol-
lowed by pain/discomfort (57%), difficulties with sexual
intercourse (21%), discomfort when taking part in sports
(15%), discomfort when wearing underwear/clothing
(15%), anxiety or embarrassment (9%), and relationship
difficulties (9%).\(^3\)

These concerns were previously examined in detail in a
retrospective qualitative study of six women who had un-
dergone labiaplasty.\(^13\) All six women reported that they
perceived their genital appearance prior to their labiaplasty
as “odd” or “weird.” It seemed that these women were at-
tempts to achieve a “normal” genital appearance through
surgery.\(^13\) However, their perception of what a normal
genital appearance constitutes is very strict. Specifically,
they desired a completely smooth vulvar surface with no
protruding labia minora,\(^14\) colloquially termed the “Barbie
look.”\(^4\)\(^15\)

Such an unrealistic genital ideal does not develop in
isolation, but rather as a function of broader sociocultural
influences. Mass media is a powerful sociocultural influ-
ence on aesthetic ideals and has increased women’s aware-
ness of cosmetic procedures like labiaplasty. Research in
unselected samples of young women has found that a
greater endorsement or internalization of the beauty
ideals promoted by mass media is predictive of more posi-
tive attitudes towards cosmetic surgery in general.\(^16\)\(^17\)
Similarly, media exposure (via television, the Internet, ad-
vancing, pornography) to images of female genitalia has
been found to be the strongest predictor of whether
women would be interested in undergoing labiaplasty in
particular.\(^18\) This study, by Sharp et al, also found that the
influence of romantic partners and friends predicted a
greater interest in labiaplasty, and having a satisfying ro-
mantic relationship and confidence in oneself as a sexual
partner seemed to buffer against interest in undergoing labia-
plasty.\(^18\) However, these studies were conducted in general
community samples, so it is yet to be determined whether
these same sociocultural influences (media and relationship
quality) are what drive women to actually decide to undergo
labiaplasty.

To our knowledge, there has only been one previous
controlled series of studies of the motivations and psycho-
logical characteristics of women seeking to undergo labia-
plasty.\(^11\)\(^19\) Veale et al\(^11\) found that the 55 women in their
sample who desired a labiaplasty were significantly more
dissatisfied with the appearance of their genitals than the
70 women who did not desire surgery. Furthermore, a sig-
nificantly higher percentage of the labiaplasty group in this
study (39%) were able to recall previously receiving specif-
ic negative comments about or reactions to their labia, com-
pared with only 5% of the comparison group.\(^19\) In addition,
the women in the labiaplasty group reported having a
lower quality of life in terms of their body image as well as
an overall lower level of sexual satisfaction.\(^11\) However, the
two groups did not differ on general mental health; the
women seeking to undergo labiaplasty were no more likely
to report symptoms of anxiety and depression than those in
the comparison group.\(^11\)

The controlled study described herein aimed to further
examine the influence of a number of sociocultural and
psychological factors on women’s decisions to undergo
labiaplasty. Specifically, we hypothesized that women seek-
ing to undergo labiaplasty would experience lower satisfac-
tion with their genital appearance than women who were
not interested in labiaplasty. We also predicted that they
would have experienced greater exposure to images of
female genitals in the media (television, the Internet, ad-
vancing, pornography) and would show greater internali-
ization of the idealized media representations of female
genitals. In addition, we predicted that women seeking to
undergo labiaplasty would report a higher frequency of
negative comments received from romantic partners about
their genital appearance, and would be less satisfied in
their romantic relationship and less sexually confident than
women in the comparison group. Finally, we predicted that
women who wanted to undergo labiaplasty would have a
lower overall satisfaction with life than women who did not
want to have this surgery.

**METHODS**

**Participants and Procedure**

Institutional review board approval for this study was ob-
tained from the Flinders University Social and Behavioral
Research Ethics Committee (Adelaide, Australia) prior to
the study’s initiation. Any adult woman who was at least 18
years old or older and was proficient in English was eligible
to participate in the study. From December 2013 to
September 2015, a total of 65 women were recruited into
the study. The study sample included 35 women seeking to
undergo a labiaplasty procedure, from nine private cosmet-
ic and gynecology clinics throughout Australia (the labia-
plasty group), and 30 women from two private gynecology
clinics in Australia who were attending the clinics for
general gynecological reasons (the comparison group). The
women in the comparison group indicated that there was a
<10% likelihood that they would undergo a labiaplasty in
the future.
Information about the study and the questionnaire (in paper form) were distributed at the clinics. For the labiaplasty group, this occurred at their initial consultation for a labiaplasty procedure. The questionnaires were completed anonymously at a location of the participant’s choosing. Participants were provided with a postage pre-paid envelope in order to return questionnaires to the researchers, and the participants’ return of the completed questionnaire was considered to be informed consent. Because the questionnaires were completed anonymously, we cannot be certain whether all of the 35 women seeking to undergo labiaplasty ultimately underwent the procedure. However, all 35 women in the labiaplasty group provided an expected date for their surgery in their questionnaire.

**Questionnaire**

The questionnaire was developed by the researchers and consisted largely of established and validated psychological measures. A few measures (exposure to images of female genitals in mass media, internalization of idealized genital appearance, comments from romantic partner) had to be developed or adapted for the labiaplasty context. A blank copy of the questionnaire is available as Supplementary Material at www.aestheticsurgeryjournal.com.

**Demographics**

Participants were asked their age, height, weight, ethnicity, sexual orientation, and highest level of education completed. They were also asked whether they were currently involved in a romantic relationship, had ever had a sexual partner in their lifetime, and whether they had any children.

**Exposure to Cosmetic Surgery**

Participants were asked if they had ever had any kind of cosmetic procedure and to describe these procedures (if applicable). In addition, the participants were asked if they personally knew anyone who had undergone labiaplasty.

**Motivations for Labiaplasty**

The women who wanted to undergo labiaplasty were asked to provide the expected date for their surgery and respond to two open-ended questions regarding how long they had considered having the surgery, and their reasons for wanting to have the surgery. The participants’ responses to the labiaplasty motivation item were coded independently by two raters, who categorized these responses into four themes: “appearance,” “functional,” “sexual,” and “psychological” motivations. Inter-rater reliability was high (Krippendorff’s $\alpha = .87$).

**Genital Appearance Satisfaction**

Participants’ satisfaction with their genital appearance was measured using the 11-item Genital Appearance Satisfaction Scale. Participants rated how often they agreed with each item (eg, “I feel that my labia are too large”) on a 4-point Likert scale ranging from 0 (never) to 3 (always). Scores were summed to produce a total score, which ranged from 0 to 33, with higher scores indicating greater dissatisfaction with genital appearance. The internal consistency for the scale was high (Cronbach’s $\alpha = .95$).

**Media Exposure**

A measure was developed to assess the participants’ exposure to images of female genitals in the media. This measure was based on that used by Sharp et al in their study of a general sample of Australian women. Participants were asked how often they had seen images of naked female genitals on television and online on a 5-point Likert scale ranging from 0 (none) to 4 (a great deal). They were also asked to identify the number of advertisements they had seen for genital cosmetic surgery using a 5-point Likert scale ranging from 0 (none) to 4 (more than 50). Participants were then asked to identify how much pornography they had viewed on three different media formats (magazines, the Internet, and movies) using a 5-point Likert scale ranging from 0 (none) to 4 (a great deal). Summed total scores ranged from 0 to 12, with higher scores indicating greater consumption of pornography. The reliability for the pornography scale was acceptable (Cronbach’s $\alpha = .76$).

**Internalization of the Genital Ideal**

A measure was developed to assess the participants’ internalization of the media’s standards for ideal genital appearance. This measure was adapted from an existing five-item measure of individuals’ internalization of thinness as an ideal beauty standard, the Sociocultural Internalization of Appearance Questionnaire-Adolescents. Three items from this measure were adapted to the idealized genital appearance (eg, “I would like my genitals to look like the images of women’s genitals in the media”). Participants rated their level of agreement with each of the three items on a 5-point Likert scale ranging from 1 (definitely disagree) to 5 (definitely agree). Summed total scores ranged from 3 to 15, with higher scores indicating greater internalization of the ideal genital appearance. The internal consistency for the scale was high (Cronbach’s $\alpha = .96$).

**Comments from Romantic Partners**

The frequency with which participants had previously received negative comments about their labial appearance was assessed by a measure based on that of Sharp et al. Participants who had a current romantic partner were asked, via two items, how often this romantic partner had given them negative feedback about the appearance of their genitals (ie, “How often has your romantic partner..."
The women in the labiaplasty group ranged in age from 18 to 56 years old (mean, 31.3 years; standard deviation [SD], 9.3), and the women in the comparison group ranged in age from 21 to 55 years old (mean, 35.8 years; SD, 8.6). As Table 1 shows, there were no significant differences between the two groups in terms of age, body mass index (BMI), ethnicity, sexual orientation, if the women had ever had a sexual partner, and highest level of education completed. However, a significantly lower percentage of women in the labiaplasty group were involved in a romantic relationship at the time they completed the questionnaire, and a significantly lower percentage reported having had a child (Table 1).

Satisfaction with Life
The five-item Satisfaction with Life Scale\(^{28}\) was used to assess the participants’ satisfaction with their life as a whole. Participants rated how strongly they agreed with each item (eg, “In most ways my life is close to ideal”) on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Summed total scores ranged from 7 to 35, and internal consistency for the scale was high (Cronbach’s \(\alpha = .86\)).

RESULTS

Demographics

Cosmetic Surgery Exposure

Of the 35 women seeking to undergo labiaplasty, 10 (28.6%) reported that they had previously undergone at least one cosmetic procedure. The procedures these
women had undergone were breast augmentation (n = 9), rhinoplasty (n = 2), botulinum toxin injections (n = 2), rhytidectomy (n = 1), liposuction (n = 1), blepharoplasty (n = 1), dermal fillers (n = 1), and labiaplasty (n = 1). The woman who had previously had a labiaplasty wanted to have revisional surgery. A significantly lower number (n = 2, 6.7%) of women in the comparison group reported having previously undergone a cosmetic procedure (P = .023, φ = .28). The procedures these women had undergone were dermal fillers (n = 1) and “forehead crease removal” (n = 1). Only two women from each group reported knowing another women who had had a labiaplasty (P = .873, φ = .02).

### Motivations for Labiaplasty

The women in the labiaplasty group reported having considered undergoing labiaplasty for between 4 months and 20 years (mean, 6.0 years; SD, 5.4 years). As Table 2 shows, close to three quarters of the group reported concern about their labia’s appearance as their main reason for wanting to undergo labiaplasty, making it the most commonly reported reason. Nonsexual functional difficulties were the next most commonly reported reason, followed by difficulties with sexual intercourse/sexual relationships, and, finally, psychological issues. Of the 35

### Table 1. Labiaplasty Group (n = 35) vs Comparison Group (n = 30) Participant Demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Labiaplasty Group</th>
<th>Comparison Group</th>
<th>P Value</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD), range</td>
<td>31.3 (9.3), 18-56</td>
<td>35.8 (8.6), 21-55</td>
<td>.052</td>
<td>d = .49</td>
</tr>
<tr>
<td>BMI, mean (SD), range</td>
<td>22.2 (3.7), 17.3-38.5</td>
<td>22.9 (3.7), 17.9-33.3</td>
<td>.467</td>
<td>d = .18</td>
</tr>
<tr>
<td>Ethnicity, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>34 (97.1)</td>
<td>29 (96.7)</td>
<td>.912</td>
<td>φ = .01</td>
</tr>
<tr>
<td>Mixed</td>
<td>1 (2.9)</td>
<td>1 (3.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusively heterosexual</td>
<td>30 (85.7)</td>
<td>28 (93.3)</td>
<td>.474</td>
<td>φ = .15</td>
</tr>
<tr>
<td>Predominantly heterosexual</td>
<td>4 (11.4)</td>
<td>1 (3.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predominantly heterosexual, but more than incidentally homosexual</td>
<td>1 (2.9)</td>
<td>1 (3.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime sexual partner status, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32 (91.4)</td>
<td>28 (93.3)</td>
<td>.774</td>
<td>φ = .04</td>
</tr>
<tr>
<td>No</td>
<td>3 (8.6)</td>
<td>2 (6.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current romantic relationship status, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21 (60.0)</td>
<td>25 (83.3)</td>
<td>.039</td>
<td>φ = .26</td>
</tr>
<tr>
<td>No</td>
<td>14 (40.0)</td>
<td>5 (16.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12 (34.3)</td>
<td>20 (66.7)</td>
<td>.009</td>
<td>φ = .32</td>
</tr>
<tr>
<td>No</td>
<td>23 (65.7)</td>
<td>10 (33.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary school</td>
<td>0 (0.0)</td>
<td>1 (3.3)</td>
<td>.321</td>
<td>φ = .27</td>
</tr>
<tr>
<td>Secondary school</td>
<td>8 (23.5)</td>
<td>2 (6.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade/Certificate/Diploma</td>
<td>8 (23.5)</td>
<td>7 (23.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>11 (32.4)</td>
<td>11 (36.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postgraduate degree</td>
<td>7 (20.6)</td>
<td>9 (30.0)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BMI, body mass index (weight kg/height m²); SD, standard deviation.
women in this group, 27 (77.1%) provided reasons for wanting to undergo labiaplasty that matched more than one of the four categories identified by the researchers.

**Media Exposure, Relationship Quality, and Psychological Well-Being**

As Table 3 shows, there were several significant differences between the labiaplasty and comparison groups for the sociocultural and psychological factors examined, after controlling for the effects of romantic relationship status and parity status. As hypothesized, the labiaplasty group reported significantly higher dissatisfaction with their genital appearance than the comparison group, with a large effect size. For media exposure, on average, the labiaplasty group reported “sometimes” viewing images of female genitals on the Internet, and the comparison group “occasionally” viewed such images, representing a statistically significant difference between the two groups. The labiaplasty group also reported viewing significantly more

<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples</th>
<th>n (%)a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>“Didn’t like the look of my labia. Not what is shown on social media.” <em>Feel like I don’t look ‘normal.”</em></td>
<td>25 (71.4)</td>
</tr>
<tr>
<td>Functional</td>
<td>“Discomfort during sporting activity.” *Discomfort wearing tight clothes and going to the toilet.”</td>
<td>24 (68.6)</td>
</tr>
<tr>
<td>Sexual</td>
<td>“I was sick of sexual discomfort and after sex.” *It made me self-conscious in being with a new partner. I worried they would be as freaked out about it as I was.”</td>
<td>21 (60.0)</td>
</tr>
<tr>
<td>Psychological</td>
<td>“To improve my self-esteem – have been insecure and self-conscious for years.” *I know my labia are different, and this impacts my confidence.”</td>
<td>16 (45.7)</td>
</tr>
</tbody>
</table>

*Percentages do not sum to 100% because participants provided responses that were coded into multiple themes.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Labiaplasty Group</th>
<th>Comparison Group</th>
<th>P Value</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital appearance satisfaction</td>
<td>24.85 (6.12)</td>
<td>8.07 (7.52)</td>
<td>&lt;.001</td>
<td>2.46</td>
</tr>
<tr>
<td>Media exposure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>1.25 (1.04)</td>
<td>0.97 (0.67)</td>
<td>.226</td>
<td>0.31</td>
</tr>
<tr>
<td>Internet</td>
<td>2.09 (1.12)</td>
<td>1.07 (0.98)</td>
<td>.004</td>
<td>0.96</td>
</tr>
<tr>
<td>Advertisement</td>
<td>0.66 (0.76)</td>
<td>0.30 (0.53)</td>
<td>.021</td>
<td>0.54</td>
</tr>
<tr>
<td>Pornography</td>
<td>3.83 (2.68)</td>
<td>2.27 (2.59)</td>
<td>.104</td>
<td>0.57</td>
</tr>
<tr>
<td>Internalization</td>
<td>9.71 (3.48)</td>
<td>6.70 (3.41)</td>
<td>.010</td>
<td>0.87</td>
</tr>
<tr>
<td>Relationship satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner commentsb</td>
<td>0.52 (1.03)</td>
<td>0.16 (0.80)</td>
<td>.407</td>
<td>0.39</td>
</tr>
<tr>
<td>Relationship qualityb</td>
<td>27.71 (5.99)</td>
<td>29.92 (4.05)</td>
<td>.395</td>
<td>0.44</td>
</tr>
<tr>
<td>Sexual confidencec</td>
<td>27.30 (5.86)</td>
<td>29.46 (5.62)</td>
<td>.634</td>
<td>0.38</td>
</tr>
<tr>
<td>Psychological well-being</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological distress</td>
<td>1.87 (0.74)</td>
<td>1.61 (0.48)</td>
<td>.352</td>
<td>0.41</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>20.37 (5.70)</td>
<td>21.72 (4.02)</td>
<td>.631</td>
<td>0.27</td>
</tr>
<tr>
<td>Satisfaction with life</td>
<td>22.37 (6.42)</td>
<td>27.52 (5.83)</td>
<td>.027</td>
<td>0.84</td>
</tr>
</tbody>
</table>

SD, standard deviation. aRomantic relationship status and parity status were controlled for as covariates. b n = 21 for the labiaplasty group and n = 25 for the comparison group. c n = 32 for labiaplasty group and n = 28 for comparison group.
advertisements for genital cosmetic surgery (although the number was small), but, unexpectedly, the two groups did not differ on their exposure to female genitals on television and their exposure to pornography. As predicted, the women in the labiaplasty group reported having more strongly internalized the media representations of female genitals than the women in the comparison group.

The 21 (60.0%) and 25 (83.3%) women in the labiaplasty and comparison groups, respectively, who were involved in a romantic relationship at the time they completed the questionnaire reported having a high level of relationship satisfaction. Contrary to our prediction, level of relationship satisfaction did not differ significantly between the two groups. In addition, the women from both groups reported only infrequently receiving negative comments about their labial appearance from their current romantic partners. However, it must be noted that a significantly lower percentage of women in the labiaplasty group were involved in a romantic relationship/had a romantic partner at the time they completed the questionnaire. For the women who had had at least one sexual partner in their lifetime (labiaplasty group: n = 32, 91.4%; comparison group: n = 28, 93.3%), there was no significant difference between groups in their level of sexual confidence, which was reasonably high for both groups.

In terms of psychological well-being, as expected, the women in the labiaplasty group reported being significantly less satisfied with their lives in general than the women in the comparison group. In contrast, there were no significant differences between the two groups’ levels of psychological distress or self-esteem.

**DISCUSSION**

As one of the first studies to compare women seeking to undergo labiaplasty with women who were not seeking to have this surgery, the results of our study provide new information on the factors that motivate women to undergo labiaplasty. It has long been suggested that media representations of female genitals are a powerful influence on the labia, which, as Veale et al have suggested, could be indicative of body dysmorphic disorder (BDD). The influence of BDD among labiaplasty patients warrants further investigation.

Although the women in the labiaplasty group reported having a variety of motivations for wanting to undergo labiaplasty, like in other studies, concern about their labia’s appearance was the most commonly reported motivation. This is consistent with the high levels of dissatisfaction with their genital appearance reported by the women in the labiaplasty group. Nevertheless, we identified three other thematic categories from the women’s reported motivations: functional, sexual, and psychological motivations. These categories correspond with those previously reported for labiaplasty patients and thus confirm the complexity of women’s motivations for undergoing labiaplasty.

As predicted, we found that the women in the labiaplasty group reported having had greater exposure to media images of female genitals than the comparison group, specifically via the Internet and genital cosmetic surgery advertising. Our results extend previous findings that media exposure is predictive of consideration of labiaplasty in general community samples to women who present at clinics requesting labiaplasties. Thus, we have confirmed that the media is a powerful motivator and source of information about genital appearance and a strong influence on women’s decisions to undergo labiaplasty.

Women are often too embarrassed to discuss the topic of genital appearance and genital surgery with friends or family members and prefer the anonymity of Internet searches. Certainly, the women seeking to undergo a labiaplasty procedure in our sample reported knowing very few other women who had undergone labiaplasty with whom they could potentially discuss the topic. The issue with mainstream media being women’s primary source of information regarding female genital appearance is that the mainstream only displays a very narrow range of labial appearances. For women who are already concerned about their genital appearance, seeing images of female genitals on the Internet (some of which have been airbrushed) may confirm to them that they are “abnormal” and require surgery to become “normal.” Furthermore, increased advertising of genital cosmetic surgery may suggest to women who were previously unconcerned about their genital appearance that they should be motivated to conform to the media’s ideal genital appearance.
important that medical professionals educate women about the diversity of labial appearance and reassure them that their own genitals are within the normal size range. However, the women seeking labiaplasty in our sample displayed a significantly greater internalization of media genital ideals than the comparison group and so, even though these women may accept that their labia are normal in size, their desire to fulfill the genital ideal is likely to perpetuate their appearance concerns.

Although lower levels of sexual satisfaction have previously been reported in women who seek labiaplasty, our study is the first to examine measures of relationship quality in these women compared with women not seeking to undergo labiaplasty. Contrary to our prediction, the women seeking to undergo labiaplasty in our sample displayed reasonably high levels of sexual confidence and satisfaction in their relationships, which did not differ from the comparison group. It must be noted, however, that only women who had a romantic partner at the time they responded to the questionnaire completed the relationship satisfaction measure. Just over half of the women in the labiaplasty group reported having a romantic partner at the time of the study, a proportion that was considerably smaller than in the comparison group and also in other comparable community samples of adult women. As previous studies have alluded to, it appears that a sizeable percentage of women seeking to undergo labiaplasty may avoid becoming involved in romantic relationships. Perhaps these women are anxious about a potential sexual partner’s reaction to their labia’s appearance. The reported level of negative comments from current romantic partners was very low in both groups. However, it is possible that women who want to undergo labiaplasty received negative comments from previous sexual partners. Indeed, a small percentage of the women in our study described receiving negative feedback about the appearance of their labia from former partners in their qualitative responses. Therefore, the impact of these prior negative experiences on women’s relationships should be explored by medical professionals when women request labiaplasty procedures. Patients’ emotional concerns surrounding intimate relationships (as opposed to problems with sexual function) may not be so readily alleviated through labial reduction and may warrant further investigation.

In terms of overall psychological well-being, women seeking to undergo labiaplasty did not have significantly different levels of psychological distress or self-esteem from women in the comparison group. As two previous studies found, it appears that women in our sample who wanted to undergo labiaplasty are, on average, in the normal range for psychological functioning. This finding contrasts with that of von Soest et al, who demonstrated that symptoms of depression and anxiety, as well as a history of deliberate self-harm and parasuicide, predicted prospective cosmetic surgery in a large community sample of women. This result could potentially differentiate labiaplasty patients from patients who undergo other forms of cosmetic surgery. However, further research in this area of inquiry is needed. Nevertheless, the women seeking to undergo labiaplasty in our sample did report having lower satisfaction with their lives overall than the women in the comparison group, potentially indicating that concerns about their labia had a negative impact on their quality of life.

A number of limitations should be taken into account when interpreting the results of this study. Our sample size was small and may not have been representative of the general population of women seeking to undergo labiaplasty, because these women were sourced from only private clinics in one country (Australia). Australia’s private/public health system differs significantly from health systems in other countries, which may lead to differences in studies of labiaplasty patients conducted elsewhere in the world. Some of the study’s measures had to be constructed or adapted for the study, and therefore warrant further psychometric investigation.

There were also some limitations in our examination of the role of other people in women’s decision to undergo labiaplasty. In particular (as discussed above), we only assessed feedback from each woman’s current romantic partner (if applicable). However, women may have received negative comments from other sources (eg, former partners, family members, health professionals) at any stage of their lives, which may have contributed to their dissatisfaction with the appearance of their genitals and/or their avoidance of romantic relationships.

Furthermore, our measure of psychological distress was limited to symptoms experienced only in the 2 weeks prior to the participants’ completion of the questionnaire. A more thorough examination of the mental health status of women who seek to undergo labiaplasty is warranted. In addition to BDD, whether labiaplasty patients have a history of mood or eating disorders is worthy of exploration, because these disorders have been documented in other groups of cosmetic surgery patients.

**CONCLUSIONS**

The results of this study, one of the first controlled studies to examine the factors that motivate women to decide to undergo labiaplasty, provide new insights into the motivations and psychological characteristics of these women as well as a platform for future research. We identified that women who seek to undergo labiaplasty have had greater exposure to and have more strongly internalized idealized media representations of female genitals. Furthermore, fewer of the women in our sample who wanted to undergo labiaplasty were in a romantic relationship, which raises
the possibility that they avoid such relationships due to anxiety over a sexual partner’s response to their labia’s appearance. This group of women also reported being less satisfied with their lives overall. The results presented herein could potentially enable medical professionals to help their patients make better informed decisions when considering undergoing labiaplasty.

**Supplementary Material**

This article contains supplementary material located online at www.aestheticsurgeryjournal.com.

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**REFERENCES**

10. Rogers RG. Most women who undergo labioplasty have normal anatomy; We should not perform labiaplasty. *Am J Obstet Gynecol*. 2014;211:218-216 e211.