81. Sensationalising the Female Pudenda: An Examination of Public Communication of Aesthetic Genital Surgery

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Introduction

In this paper, our preoccupation is to highlight the trend toward sensationalising or commercialising female genitalia through medicine. We examine the public communication of aesthetic female genital surgery particularly in the Internet and pose the following questions: How honest, safe, fair, balanced, or ethical is public communication of aesthetic female genital surgery in the cyberspace?

Two theories can be said to be at work concerning the public communication of aesthetic female genital surgery: (a) value-expectancy theory and, (b) elaboration likelihood theory.

Related Literature

Whitcomb (2010) demonstrates that existing representations stress the differences and ignore the potential similarities that exist between female genital mutilation (FGM) and female genital cosmetic surgery (FGCS). Female genital cosmetic surgeons tend to justify aesthetic genital surgery by describing the female genitalia as “irregular, misshapen, large, enlarged, fat, abnormal, problem, excess, deformed, asymmetrical, jagged, not smooth, and flabby”. For these reasons women’s feelings towards their genitalia are said to cause “embarrassment, loss of self esteem, lack of confidence, and self-consciousness.” Before genital surgery, women’s vulvas are more likely to be described as, “stretched, sagging, loose, aging, old, relaxed, gaping” whereas, after aesthetic genital surgery, the vulvas are described as “tightened, youthful, younger, renewed.”

Johnsdotter and Essén (2010) state that “genital modifications take place in a sphere where biology, medicine and cultures are intertwined” (p.29). Latham (2010) observes that cosmetic surgery is increasingly popular in the UK – moving up from 10,738 operations in 2003 to 34,453 in 2007. These operations are done in private clinics in response to patients’ request for aesthetic enhancement of their bodies and not for medical reasons.

Dorneles de Andrade (2010) observes that cosmetic surgery among others are forms of body modification that have parallels with the discourse on female genital mutilation and should be considered to have an analogous function in the reproduction of social and gendered objects. This view tallies with that of Plowman (2010, p. 113) who echoes the argument that “much of the success of female genital cosmetic surgery is because its promoters created the problem – that the privacy of this part of the body can foster anxiety, playing on the long standing cultural taboo surrounding female sexuality – which was then sold to women alongside the solution of surgery.”
Method

This discourse is hinged on ideas, facts, and data gleaned from the textual examination of aesthetic genital surgery. Printouts from the following top websites obtained between the months of January and March 2012 formed the bases for the discourse: Manhattan Centre for Vaginal Surgery; Plastica.ca; Millsmedical.com.; Urogyn.org; Courthouse Clinics.com; Labiaplasty Surgery.com; Clinic of Plastic Surgery; Drmatlock.com; Wellness Kliniek.com; Cosmetic Surgery2.com; and Altermd.com. A Google search for “top cosmetic genital surgery sites” we conducted on 4th October 2011 yielded 8,870,000 results. These eleven (11) sites mentioned above were purposively selected. These sites owned by aesthetic female genital surgery clinics in the United States, Europe, Canada, and Brazil.

Findings

In summary then, from the examination of the communication of aesthetic female genital surgery on the Internet as illustrated above, the following can be said to characterise the public communication:

1) With regard to decency, it can be said that the public communication of aesthetic genital surgery in the Internet is characterised by graphic details of the female genitalia to the extent that a few websites warn visitors that the images could offend their sensibilities. Most websites offer no such caution. This sort of display may border on prurience.

2) In terms of ethics, most of the websites bear characteristics that tend toward unethical practices. There is evidence of soliciting for clients, offering of loans and freebies, giving incomplete information, fueling insecurities about vulva aesthetics, and advertising of physician credentials, skills, and services.

3) Concerning the quality of information, accuracy is sacrificed. The impression the websites give is that aesthetic genital surgery is desirable even if there are no medical indications. Again, one gets the impression from the websites that there is an analogous relationship between the much despised female genital mutilation common in third world countries and female genital cosmetic surgery common in the developed world.

4) A focus on honesty indicates that it may not be the welfare of the women folk that drives the female aesthetic genital surgery industry but financial fortunes for plastic surgeons, the fashion and modeling industry, the pornographic magazine and film sectors as well as the new-age view of the pseudo-feminine aesthetic.

5) In examining balance, it is apparent that there is a lot of lopsidedness in the communication of aesthetic female genital surgery. The testimonials are more often than not positive, praising the virtues and benefits of genital surgery to the woman, applauding the skills and services of genital surgery experts and down playing on the risks, complications, and potential harm that aesthetic genital surgery may cause.

6) Furthermore, the public communication of aesthetic female genital surgery is characterised by sensationalism. A lot of hype surrounds the issue not only in the Internet but in the press, the broadcast media, cable and satellite systems as well as
in public conversation. The media tend to offer cosmetic female genital surgery as entertainment. The more scientific and correct view is that female genitals come in various lengths, widths, colours and shapes and if they are not damaged by trauma such as occur in vesico-vaginal fistula, difficult and multiple births or old age, there is absolutely no need for surgery or a “designer vagina.”

7) In relation to cost, the communication of aesthetic genital surgery in the Internet loudly indicates that though the procedures are touted as simple, requiring local anaesthesia, and an outpatient treatment, the cost seems too high, prohibitive and tends toward financial exploitation. The websites show that aesthetic female genital surgery ranges from 350 to 6950 euro or between 1,850 and 10,500 US dollars. That might be seen as a waste on needless surgery.

8) On the positive side, considering language, it could be said that the communication of aesthetic female genital surgery is characterised by simple-to-understand diction though some difficult terms e.g. “protuberant,” etc. are used. Generally speaking, a person of average education can read and understand the language.

9) Similarly, in terms of website/webpage aesthetic, it can be said that the postings use good aesthetic. The colours are inviting, the photographs (apart from those that show graphic anatomical details of the female genitalia) are alluring – beautiful, smooth female faces, well nourished bodies, etc. (though this is make-believe) and the typography appropriate. However, some of the websites carry too much information as to make the pages cluttered.

The textual examination above of the communication of aesthetic female genital surgery has been corroborated by several other scholars. Arroba (2003) sees it as fallout of the patriarchal system which is based on the control and appropriation of women’s bodies. Blanchard (2010) notes how the female genitalia are described as “too big, too small, too narrow, too wide, too high, too low, too flabby, and too wrinkled.” Lee (2011) gives statistics on how big the designer vagina business is. Bates (2010, p.1) states that cosmetic labial surgery has been at the centre of escalating controversy pitting critics against proponents in a battle of words over ethics, and concludes that “doing such procedures and advertising them with photographs of purportedly “attractive” versus “unattractive” genitalia constitute a violation of the ethical relationship gynaecologists have with their patients.

Conclusion and recommendations

There is no better way to end this discourse than doing so in the words of Goodman (2009, p.159) that patients and others need to know and take note of the ethical principles of autonomy, non-maleficence, beneficence, justice, and veracity. In view of the online sites examined in this article it is clear that there is glaring non-compliance. We recommend that media regulators take a more than cursory look at the communication of aesthetic female genital surgery online to ensure that they conform to journalistic standards of honesty, truth, accuracy, fairness, balance, quality and decency. Similarly, medical regulatory authorities should closely monitor the practice and communication of aesthetic female genital surgery to encourage it to operate in accordance with medical principles and ethics. In doing these, the quality, honesty, and beauty in aesthetic female genital surgery communication would become the ideal that we all desire.
References


