

Gynecologists negative to reconstructive surgery after female genital cutting

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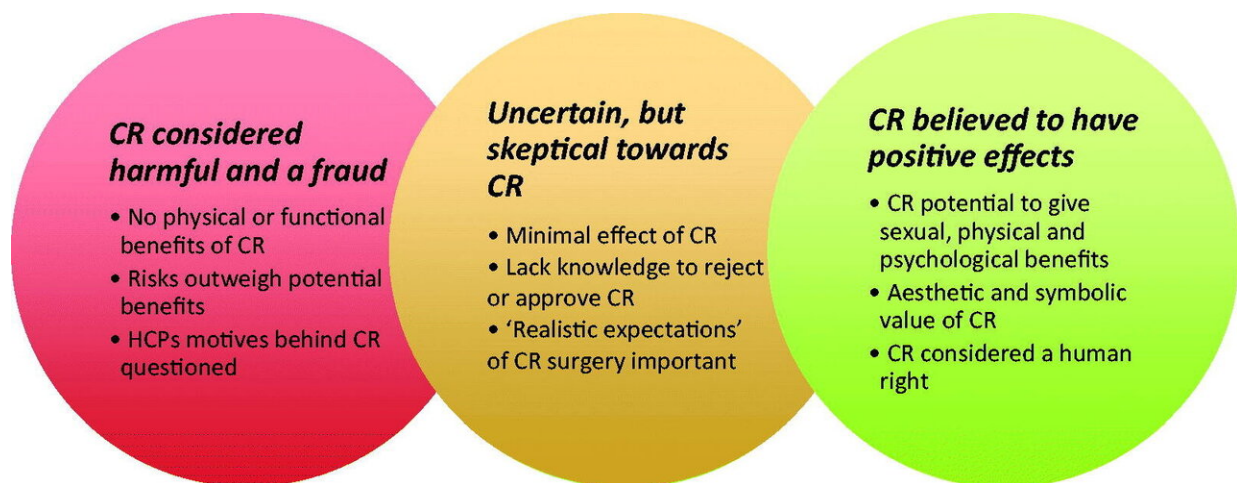


Figure 1. Visualization of how gynecologists position themselves in relation to CR surgery. Credit: *International Journal of Sexual Health* (2020). DOI: 10.1080/19317611.2020.1853301

"Gynecologists in Sweden are a very polarized group regarding clitoral reconstruction, and our study is one of very few on the subject," says Malin Jordal, researcher and senior lecturer in caring sciences at University of Gävle.

The researchers, who used in-depth interviews, found that some gynecologists had a very [negative attitude](#) toward clitoral reconstruction after female genital cutting. In Sweden, [surgery](#) and care have been

focused on infibulated [women](#), that is when women have been sewn closed, which in turn means that they have to be opened up to give birth or to have sex.

"Sexuality and sexual health have not been targeted much and we would like to highlight those issues now," Malin Jordal says.

Who is the expert?

The eight gynecologists who participated in the study do not perform clitoral reconstruction but perform other surgeries and are used to working with cut women.

Malin Jordal found that some gynecologists held the view that female genital cutting does not affect sexual health very much. Other were more skeptical to the idea that clitoral [reconstruction](#) can potentially improve sexual [health](#). Instead, they saw this as a psychological problem that can be solved in therapeutic conversations. Their view is that these women have been affected by a discourse that positions them as mutilated. As a consequence, they see themselves as victims and that causes their problems.

"Here, the [gynecologist](#) becomes the expert, and the women's feelings and views don't matter much."

Few want to address the issue

"Few want to address the issue as it is sensitive," Malin Jordal says. "And the last thing I want to do is to stigmatize these women and make them into victims. Interviews with women looking to perform reconstructive surgery show that they strive to leave such a victim identity behind. They want to stop seeing themselves as victims and surgery becomes a way to

rise up."

Malin Jordal says that she wants these women's voices to be heard and her aim is to provide them with enough knowledge so that they can take an [informed decision](#); some women experience an improvement after surgery, at least in some areas, while others do not.

"Women who have been cut want reconstructive surgery not only to improve their [sexual health](#), but to feel better about themselves and to look more normal. Reconstructive surgery after cancer to help women feel whole again is a given. To me, it is self-evident that these women should be offered surgery as well."

However, this does not mean that all women looking to have reconstructive surgery see themselves as victims. Many women in Sweden live with female genital cutting today, and very few of them would even consider [reconstructive surgery](#).

"I don't want more women to feel that this is something that they need to go through. That is absolutely not what I aim for," Malin Jordal concludes.

More information: Malin Jordal et al. Swedish Gynecologists' Positioning in Relation to Clitoral Reconstruction After Female Genital Cutting. A Qualitative Interview Study, *International Journal of Sexual Health* (2020). [DOI: 10.1080/19317611.2020.1853301](https://doi.org/10.1080/19317611.2020.1853301)

Provided by University of Gävle

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