Volume : 5 | Issue : 9 | September 2016 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 69.48

Socio Demographic Factors – Does it Make Difference to Undergo Hysterectomy Among Women

Medical Science

KEYWORDS : Hysterectomy, Socio economic factors, Alternative treatment

*** Dr. Kanmani T.R**	Ph.D, Medical Social Worker, Department of OBG, KIMS Hospital and Research Centre, V.V Puram, Bengaluru, Karnataka , India * Corresponding author
Dr. Malathi T	MS, Assistant Professor, Department of OBG, KIMS Hospital and Research Centre, V. V Puram, Bengaluru, Karnataka, India
Dr.Vasanthy Vijay	Ph.D, Former Professor and Head, Department of Social Work, Bangalore University, Bengaluru, Karnataka, India.

ABSTRACT

Introduction: *Hysterectomy is the indication for many reasons and it is the last option provided to the women. Women in India choose alternative treatments to hysterectomy though it is not always successful. Women opting to undergo hysterectomy in India is lower (4-6%) compared to other countries (HT; 10-20%) (Singh and Arora)1. Limited research is done to know about socio demographic factors and its influence on women.*

Objectives: *Objective of the study is to assess the influence of socio demographic factors of Women undergoing hysterectomy.*

Methods: *A descriptive cross sectional study was conducted at Kempegowda Institute of Medical Sciences and Research Centre.The sample included women aged 25-45yrs with diagnosis of Dysfunctional uterine bleeding (DUB) admitted for hysterectomy from April 2013 to April 2015. Samples of 200 women were selected and interview method was adopted for this study.*

Results: *Bifurcations of the sample shows that increase in age is marked with the risk for hysterectomy as older age (41-45 yrs) group with high percentage (42%) of women were undergoing hysterectomy. The chi square test for association reveals that there is a significant difference between age and the level of satisfaction (P=.001). The finding of the study indicated that illiterate (21%) women are more likely to undergo hysterectomy than literate women.*

Conclusion: *Symptomatology will have a crucial effect on the women, which make them to undergo hysterectomy. Socio economic factors do not influence the decision to undergo hysterectomy. Women and family need to be psycho educated and various health schemes for health need to be sensitized during the counseling session.*

Introduction:

Undergoing major surgery is a significant life event and also very expensive for many women. Hysterectomy is the indication for many reasonsand it is the last option provided to the women. Women in India choose alternative treatments to hysterectomy though it is not always successful. Women opting to undergo hysterectomy in India is lower (4-6%) compared to other countries (HT; 10-20%) Singh and Arora1.Women of lower socioeconomic status are more likely than higher socio-economic status women to undergo hysterectomy. Kjerulff et al; Meilahn et al, .2,3. However, the reasons for this low rate have not been adequately researched.

Limited research is done to know about socio demographic factors and its influence on women.Women'sexperience in the pre-hysterectomy period, their symptoms prior to surgery and how they eventually decided to undergo hysterectomywas not adequately researched.On this background the researcher undertook the present study with the objective of focusing on the socio demographic factors of women undergoing hysterectomy.

Materials and methods:

A descriptive cross sectional study was conducted at Kempegowda Institute of Medical Sciences and Research Centre. The sample included women aged 25-45yrs with diagnosis of Dysfunctional uterine bleeding (DUB) admitted for hysterectomy from April 2013 to April 2015. Samples of 200 women were selected and interview method was adopted for this study.Women were explained about the research and assured confidentiality and consent was taken from the women who participated in the study. Ethical clearance was obtained from the ethical committee of the institute. The socio-demographic data for the present research was elicited using a semi-structured, pre-formatted schedule. This is a detailed schedule which was designed to collect data on the women's age, education, occupation, income, marital status, religion, type of residence, details about the spouse, number of children and other dependent family members and other such information. In addition data were elicited with regard to the family type, family size, and family income, few questions related to hysterectomy issues and so on. The purpose of administering this schedule was to gather as much data as required for statistical, descriptive and analytical purpose. The main purpose of these questions were to know the socio-demographic background of the women undergoing hysterectomy and also to know about the various factors influencing the decision making and have a better understanding of the relationship between socio-economic conditions and hysterectomy.

Results:

Figure – 1 Distribution of age of the respondents

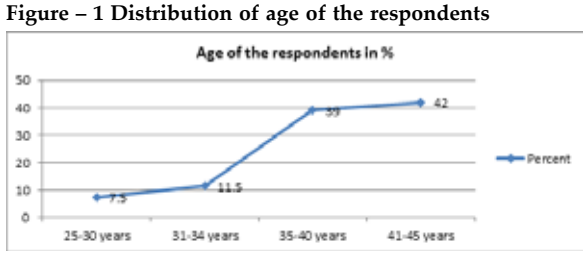

Table - 1 Family profile of the respondents

Variable labels	Percent
Type of family	
Nuclear family	54.5
Extended family	35.5
Joint family	10.0
Duration of marriage	
1-10 years	19.5
11-20 years	48.5
20 years and abovet	32.0
Type of marriage:	
Love marriage	20.0
Arranged marriage	69.5
Love cum arranged marriage	10.5

Volume : 5 | Issue : 9 | September 2016 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 69.48

No of children:	
1-3 children	93.5
4-6 children	6.5
Last pregnancy:	
1-10 years	32.5
11-20 years	41.0
21 years and above	26.5
Any abortion:	
Abortion	21.5
No abortion	78.5
Sexual function:	
Satisfactory	91.0
Unsatisfactory	9.0
Past medical history	
Yes	2.5
No	97.5

TABLE-2: Medical Profile of the respondents

Variable labels	Percent
Symptoms leading to diagnosis	
Bleeding	97.5
Others	2.5
Affect of symptoms on everyday life	
Not at all	4.0
Very little	35
Quite a bit	53
Very much	8.0
Any other methods of treatment	
Ayurveda	30
Siddha	06
Unani	1.5
Home remedy	46
Others	16.5
Discuss in with others	
Yes	80.5
No	19.5
Preparation for hysterectomy	
Yes	42
No	58
Had fear	
Yes	62.5
No	37.5
Felt pressurized by somebody	
Yes	36
No	64
Doubts about hysterectomy	
Yes	49.5
No	50.5

Table – 3 Age and level of satisfaction about the decision for undergoing hysterectomy

Age	Level of satisfaction about the decision for undergoing hysterectomy				
	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
25-30 years	-	6.7%	40.0%	53.3%	-
31-34 years	8.7%	-	13.0%	73.9%	4.3%
35-40 years	-	1.3%	35.9%	48.7%	14.1%
41-45 years	-	7.1%	20.2%	53.6%	19.0%
$\chi 2=33.656$, df=12, p=0.001					

Figure - 1 shows the age group of the respondents. Women aged between 25 to 30 years were 7.5%, 11.5% were aged between 31 to 34 years, 39% belonged to 35 to 40 years of age group and 42% were aged between 41 to 45 years. These bifurcations of the sample show that increase in age is marked with the risk for hysterectomy with a high percentage (42%) among the older age (41-45 yrs) group. The finding of the study indicated that illiterate (21%) women are more likely to undergo hysterectomy than literate women. Literate women were categorized from primary, secondary, diploma and degree courses and the respondents were ranged with the percentage of 2% to 16%.The results of occupation of the respondents shown that majority were housewives (79%) with the annual income of five lakhs.

Table – 1 shows the family profile of the respondents which revealed that 54.5% from nuclear families, 35.5%were extended families and 10% were from joint families. Married life is varied from 11 to 20 years and had 1-3 children (93.4%) while 6.5% reported to be 4-6 children. About (41%) of the respondents had their last pregnancy before 11 to 20 years, 32.5% had their last pregnancy before 10 years and 26.5% had their last pregnancy above 21 years. 21.5% of the respondents reported having a history of abortion while 78.5% had not reported any history of abortion. When asked about the satisfaction with regard to sexual functioning, it was found that 91% reported that they have a satisfactory level of sexual functioning while about 9% (n=18) of the respondents had unsatisfactory sexual functioning.97.5% of the respondents had no past medical history.

Table -2 displays Medical profile of the respondents. Majority of the respondents felt excessive menstrual bleeding affected their everyday life quite a bit (53%), 35% reported it had very little effect, 8% felt it affected very much and only 4% of the participants said that there was no effect of symptoms on everyday life. In the majority (i.e., 97.5%) bleeding was the symptom. It seems that respondents tried different treatment modalities before accessing the treatment in the said hospital such as Ayurveda (30%), Siddha (6%), Unani (1.5%), home remedy by 46% and other treatment by 16.5%. About 80.5% discussed about the symptoms with others but only 42% were prepared for hysterectomy and about 62.5% reported that they had fear for hysterectomy. Majority of the respondents (64%) were not pressurized to undergo hysterectomy and 50.5% of the respondents did not have hesitation to undergo hysterectomy.

The chi square test for association reveals that there is a significant difference between age and the level of satisfaction (P=.001) (Table -3). Majority of the women in the age group of 25-45 years expressed less level of satisfaction while women in the age group of 35 and above had more satisfaction. This gives a direction that as women's age increases, their concerns for undergoing hysterectomy reduces. The association between the levels of satisfaction with the decision making and symptoms led to diagnosis shows significant differences (p=0.001). Those who were more symptomatic and made the decision for hysterectomy were (53.8%) satisfied. The respondents with other problems like pain abdomen, unpredictable cycles also expressed the decision of hysterectomy at a satisfactory level (60%).

There is an association between the occurrence of the symptoms and the fear of undergoing hysterectomy, which is statistically significant (p=.039). Those who said symptoms had a very little effect or no effect had expressed any fear for undergoing hysterectomy. The test result shows that there is a significant difference between the two variables (p=.039). Highly significant association between the symptoms affecting day to day life and the pressure of undergoing hysterectomy (p=.001). More than 55% of the women reported that they had no pressure for undergoing hysterectomy.

Statistically significant association was found between the effect of symptoms and surgery as the best solution for the problem (p=0.046). When symptoms affect their lives quite a bit the respondents favored surgery as the best solu-

tion. The method of the treatment attempted and the level of satisfaction are significantly associated (p=.010).Family type and the pressure of having hysterectomy was statistically significant (p=0.002). It shows that 71.6% respondents had no pressure from their family, among them 71.6% were from nuclear family. This result reveals that very little pressure for surgery was observed in the nuclear family compared to extended and joint family systems.

Discussion:

The relationship between health and socioeconomic conditions among women is complex. Available evidence suggests that the increased income, social support and self-esteem have a positive influence on women's well-being. Women are likely to perceive their health negatively, such as those from lower occupational status, home maker, unemployed, perimenopausal age groups and from poorer households. A study by Kjerulff et al. reports that women with less education and lower incomes were more likely to have a hysterectomy[2.] Kameshwari and Vinjamuri found that 61 percent of women preferred to take medication for few months prior to the surgery, as they were not financially equipped for an immediate surgery4. In addition, Desai highlights the greatly underdeveloped state of care for gynecological morbidity for low-income women in India, in both the public and private sector, which may be a reason for opting hysterectomy for a range of gynecological ailments5. In the current study, result reveals that, most women did not earn as they were homemakers. This trend is seen throughout India. It is observed that the women visiting tertiary hospital were from agricultural background and they also belonged to lower socio economic classes. Thus, they are unable to meet the surgical expenditures, leading to the delay in seeking diagnosis and undergo surgeries. On the contrary, majority of the women would like to undergo surgery while seeking consultation and treatment because the expenditures can be met simultaneously and they need not ask the spouse or the family members repeatedly for their gynaecological ailment.

A study conducted by Farquhar et al examined the symptom profile and satisfaction rate for women undergoing hysterectomy. Although, levels of satisfaction with the procedure of hysterectomy were high, new symptoms and regrets about the loss of fertility were commonly reported. All women expressed a strong desire to be involved in elective treatment decisions and would discuss their choice with near and dear ones6. Similarly, Uskul studied women's experiences with gynaecological symptoms and how they decided to undergo hysterectomy. The findings of the study indicated that the women's decision-making process about undergoing hysterectomy was difficult and depended primarily on the women's illness experience, age, and wish for future children7. In the present study, the researcher observed that women depended on spouse to decide hysterectomy. According to Smith Laws of Manu states that women are made to depend on men throughout her life cycle "In a childhood women should be under her father's control, in youth under her husband's and when the husband is dead under her sons', she should not have independence". When the age increases, women do not make decision by themselves, they always depend on the male members of the family, either spouse or grown up children8. Consistent with this, as women's age increases, their concerns for undergoing hysterectomy reduces due to the dependence.

A study by Vashisht et al reports that women involved in the study had completed their families and had no wish to retain their reproductive potential. Ten patients had no specialist treatment prior to surgery. One of these patients demanded surgery without medical treatment and the other nine women had suffered for a mean of 12.5 years prior to referral in spite of varied medical therapies and expressed a desire for a surgical menopause plus hormone replacement9. Cronje et al assessed the women in terms of satisfaction rates following surgery, the result revealed that 89.4% of the women expressed their satisfaction regarding the surgery10. According to Bhattacharya in his pre and post-operative study result indicates that most women gave positive responses about various aspects of the decision making that led to them having hysterectomy11. Similarly the present study reveals the association between the levels of satisfaction with the decision making for hysterectomy. Decision making process plays a major role in women's gynaecological health, it is important to consider the varying perspectives and influences of women having hysterectomy.

It has been observed that the women with dysfunctional uterine bleeding expressed that the symptom affect their routine as well as social and religious life very much. When they take decision of undergoing hysterectomy the fear dominates the decision, the reason behind it was experience shared by the other women who underwent the surgery, and women reported that they heard post- operative complications and the after effect in the regular life.

One of the respondents expressed in the following way and the researcher quotes here:

"the moment I have decided to undergo hysterectomy I had fear of the surgery and was unable to concentrate in my routine activities and I started asking people about their experience again and again, when they were around I use to be comfortable and would relax, the moment I was left alone again the fear mount up". This experience showed that the women anticipated surgery as a life threatening process.

Earlier studies by different authors (Cohen et al, Sime, Bradley) report that surgery has been widely regarded as a stressor or a stressful life event that requires coping and adaptation for a successful outcome12,13,14. Rogers study findings reports surgery is one of those life experiences that had extremely salient positive and negative aspects. On the positive side there is the promise of relief from disturbing symptoms, increased ability to function, or the promise of survival, and on the negative side there is the physical risk of surgery itself, the pain and fatigue afterwards, the disruption in normal routine, and possible unfulfilled expectations regarding the outcome15. A post-operative study finding of Stovall reports that women's response to hysterectomy show that most women are satisfied with their outcome. The present study findings reveal that the affect of symptoms gave pressure to undergo surgery16. The researcher while interviewing the patients observed that, undergoing hysterectomy is a stressful event that may potentially cause psychological reactions in patients. First, patients experience high levels of anxiety (due to threat of serious complication or death) in the anticipation of surgery. Second, patients experience moderate levels of other types of distress before surgery which continue to increase, perhaps due to unmet expectations regarding personal functioning factors (e.g., poor coping skills, unrealistic expectations, poor social support).

Usually women arrive at a decision about whether to have a hysterectomy gradually and would come out with the decision after having tried other treatments. The women undergoing hysterectomy informed that the other meth-

Volume : 5 | Issue : 9 | September 2016 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 69.48

ods what they have tried prior to hysterectomy gave them higher satisfaction. The result also indicated that the home remedy (by using herbs and materials available at traditional medicine shops) and Ayurveda treatment gave higher satisfaction for the women undergoing hysterectomy. The women access this facility mainly because of local availability, easy accessibility of herbs and other traditional medicines and also traditional medical system is often cheaper. Kameshwari and Vinjamuri reported that nearly half of women have at least once attempted to seek other treatment. The other half of the women who did not seek other treatment felt that it would bring disgrace on them if they disclosed their illness. It is a fact and not an assumption that hysterectomy actually affects the self-esteem of some women who feel that they have lost an important ability and a privilege[4].

Conclusion:

Socio economic factors do have aninfluenceon the women who undergo hysterectomy in the initial phases of treatment. But medical necessity will have a crucial effect on the women which make them to undergo hysterectomy where socio economic factors are unrelated to the decision making.Women and family need to be psycho educated and various health schemes for health need to be sensitized during the counseling session.

References:

1. Singh A, Arora A.K (2008), Why Hysterectomy Rate are Lower in India, Indian Journal of Community Medicine, 2008; 33(3): 196-197.
2. Kjerulff K, Langenberg P, Guzinski G. The socioeconomic correlates of hysterectomies in the United States. Am J Public Health. 1993;83:106-108.
3. Meilahn EN, Matthews KA, Egeland G, Kelsey SF. Characteristics of women with hysterectomy. Maturitas. 1989;11:319- 329.
4. Kameswari S.V, Vinjamuri P, Medical Ethics: A case study of Hysterectomy in Andhra Pradesh, Life - Health Reinforcement Group, In partnership with Centre for World Solidarity & KICS, As part of the Science, Ethics and Technological Responsibility for Developing and Emerging Countries (SET DEV) project (www.set-dev.eu) of the European Community's Seventh Framework Programme (FP7/2007-2013).
5. Desai S, Campbell M.R, Sinha T, Mahal A, Cousens S, Incidence and determinants of hysterectomy in a low-income setting in Gujarat, India, Health Policy and Planning, 2016, Vol. 0, No. 0
6. Farquhar CM, Steiner CA. Hysterectomy rates in the United States 1990–1997. Obstet Gynecol. 2002;99(2):229–34.
7. Uskul AK, Ahmad F, Leyland NA, Stewart DE, Woman's hysterectomy experiences and decision-making, Woman's Health, 2003;38(1):53-67.
8. Smith RC, Greenbaum DS, Vancouver JB, Henry RC, Reinhart MA, Greenbaum RB, Dean HA, Mayle JE. Psychosocial factors are associated with health care seeking rather than diagnosis in Irritable Bowel Syndrome. Gastroenterology 2005; 98: 293-301.
9. Vashist A, Wadsworth F, Carey B and Studd J Clinical effects and absorption of transdermainatural progesterone and estrogen. Oral presentation of FIGO, Chile, 2003.
10. Cronje W.H, A. Vashisht and J.W.W. Studd. ,Hysterectomy and bilateral oophorectomy for severe premenstrual syndrome, oxford journals, 2004;19(9),2152-2155
11. Bhattacharya S, V Entwistle, Z Skea, A Templeton, Decision making in hysterectomy for heavy bleeding: How satisfied are women? (A pilot study) CZG/4/2/21; (2004)
12. Cohen SM, Hollingsworth AO, Rubin M, Graff BM, Thomas JS, Welz HK, Wehry LE. Psychosocial Adaptation During Recovery from Hysterectomy. Obstetrics and Gynaecology 2011;2(3):WMC001660.
13. Sime AM: Relationship of preoperative fear, type of coping, and information received about surgery to recovery from surgery. J Pers Soc Psychol,1976;34:717-724.
14. Bradley C: Psychological factors affecting recovery from surgery. In Watkins J, Salo M (eds), Trauma, Stress and Immunity in Anesthesia and Surgery. Woburn, MA, Butterworth, 1982, pp 335-361
15. Rogers M, Reich P: Psychological intervention with surgical patients: Evaluation outcome. In Guggenheim FG (ed): Psychological Aspects of surgery. New York, Karger, 1986, pp 23-50
16. Stovall TG, Summit RL, Jr Bran DF, Ling FW., Outpatient hysterecomy: a pilot study. Obstet Gynecol ; 2010;80:145-149.