

Prevalence of Hysterectomy among Women Adopting as Family Planning

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Abstract

Hysterectomy is one of the most prevalent surgeries worldwide. Nine out of every ten hysterectomies are performed for noncancerous conditions that are not life threatening but have a negative impact on quality of life. A descriptive study using questionnaires were used to assess prevalence of hysterectomy among women adopting as family planning seen in OPD based in Duncan Hospital, Raxaul. 100 subject were selected by Consecutive sampling technique. This study aimed to explore the complex relation between family planning and hysterectomy and the study result found that only 3.07% subject had hysterectomy using as a family planning method and other subject are refers for Hysterectomy due to other disease condition.

Keywords: Hysterectomy, Family Planning, mixed demography.

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INTRODUCTION

Hysterectomy is one of the most prevalent surgeries worldwide. Nine out of every ten hysterectomies are performed for noncancerous conditions that are not life threatening but have a negative impact on quality of life. Menorrhagia is the primary indication and is not always a response to an anatomical disease. Heavy menstrual bleeding and other menstrual problem are very common and one of the most frequent reason for women to consult their general practitioner. They are the commonest cause of referral to a gynecologist. In the past, such referrals frequently resulted in hysterectomy, even in cases where the uterus was healthy. Hysterectomy is only necessary if other treatments have failed or where there is an underlying disease present. Even some diseases of the uterus can be treated without major surgery.

SIGNIFICANCE OF THE STUDY

The absence of health awareness about women health is the leading cause of hysterectomy among young women for family planning method, leukoriya, and menorrhagia, ovarian cyst, prolapsed uterus and even with on request of women to get rid from other disease of reproductive system.

A study of hysterectomy suggested that people are needed to change their behavior towards decision for hysterectomy and get a good gynecologist

consultant. "It is better to fail with treatment rather than having hysterectomy with no actual reason

STATEMENT OF THE PROBLEM

A study on the prevalence of hysterectomy among women adopting as family planning seen in OPD based in Duncan Hospital, Raxaul.

OBJECTIVES OF THE STUDY

- To interview married women aged between 18 to 50 years.
- To asses the indications of hysterectomy among young women.
- To determine the prevalence of HT using as family planning method.

HYPOTHESIS

- Women are using hysterectomy rather than tubectomy as a family planning method.

OPERATIONAL DEFINITION

- Family planning method: It allows individual and couples to anticipate and have their desired number of children, and to achieve healthy spacing and timing of their birth.
- Hysterectomy: A surgical operation to remove all or only the effected/select part of reproductive organs.
- Women: In our study women refers to a female aged between 18-50 years.

- Literature review

RESEARCH DESIGN

- It is a descriptive study.

SETTING OF THE HOSPITAL

Duncan Hospital which commenced in 1930 by Dr. Susil Duncan. The hospital consists of 240 beds in total which is located in Raxaul, East Champaran District, BIHAR.

SAMPLE SIZE

- Sample size was 100

SAMPLE TECHNIQUE

- Consecutive sampling technique was employed subjects who fulfilled the inclusion and exclusion criteria were identified by gathering information from the OPD patients.

SAMPLE CRITERIA

Inclusion Criteria

- Women who aged between 18 to 50 years old?
- Women who were married and have alive children more than 2.

Exclusion Criteria

- Samples those who are not willing to participate in the study.

DATA COLLECTION INSTRUMENT

PART 1

DEMOGRAPHIC VARIABLES:

- Demographic data includes age, sex, marital status, residence, no. of children, and religion.

CLINICAL VARIABLES:

- About family planning, diagnosed with Hysterectomy, at what age Hysterectomy done, side-effects after Hysterectomy.

PART 2

AUDIT QUESTIONNAIRE: 20 structural question.

DATA COLLECTION PROCEDURE

Data was collected from the out patient department for a period of 1 week from 16.01.17 to 21.01.17. The time schedule for data collection was between 8am to 5pm from Monday to Saturday.

Subjects were briefly explained about the study. Verbal informed consent was obtained from those who agreed to participate. Interview was conducted for the patient and relatives.

Recording Instrumentation

Retro flow of Blood from the ovaries; internal bleed – or ruptured fallopian/black ovary; fallopian prolapsed; psychological trauma or physical accident pre to onset of complications leading to hysterectomy etc., photo evidence during operation or post – photo not maintained in the archive. Economically disability; remote rural setting = recording instruments unavailable.

ETHICAL CONSIDERATION

Approval from the Nursing Superintendent was obtained before conducting the study. Permission was obtained from the Head of Department. Privacy of the subjects and confidentiality of the information was maintained throughout study. Verbal consent taken from the subject.

DATA ANALYSIS AND FINDINGS

No. of patient in total	Sample	Percentage
Hysterectomy	65	65%
Non hysterectomy	35	35%
Total	100	100%

RELIGION

Religion	Sample	Percentage
Hindu	50	76%
Muslim	15	24%
Total	65	100%

AGE

Age at hysterectomy	Sample	Percentage
20-30	20	31%
31-40	35	54%
41-50	10	15%
Total	65	100%

Knowledge about FP	Sample	Percentage
YES	41	63%
NO	24	37%
Total	65	100%

Sign & symptoms seen	Sample	Percentage
Yes	48	73%
No	17	27%
Total	65	100%

Area belongs to	Sample	Percentage
Urban	27	42%
Rural	38	58%
Total	65	100%

Knowledge about	Sample	Percentage
Temporary FPM	25	27%
Permanent FPM	40	73%
Total	65	100

No of children	Sample	Percentage
1-2	9	14%
3-4	30	46%
5-6	22	34%
>6	4	6%
Total	65	100%

Indication for HT	SAMPLE	PERCENTAGE
Family planning	2	3%
Bleeding	9	14%
Leukoriya	21	32%
Fibroid uterus	17	26%
Rupture of uterus	2	3%
Prolapsed uterus	6	9%
Own request	1	2%
Ovarian cyst	7	11%
Total	65	100%

Symptoms post HT

Sign and symptoms seen	Sample	Percentage
YES	25	27%
NO	40	73%
TOTAL	65	100%

Attitude after HT	Sample	Percentage
GOOD	40	73%
BAD	25	27%
TOTAL	65	100%

NOTE:

GOOD: They feel good because they have no complication.

BAD: They feel bad because they have complications like backache, body ache and fatigue.

DISCUSSION

This study was undertaken to assess the no of hysterectomy among young women using as a family planning method. The study consisted of 100 subjects. 65% have done hysterectomy. The researchers interviewed using a semi structured questionnaire to collect data. This study aimed to explore the complex relation between family planning and hysterectomy.

The analysis of the social demographic variable revealed that a major portion of the subjects belonged to the age group of 25 to 45 years . Clinical variable showed that 65% of the subjects have done hysterectomy due to:

- Leukoriya (32.30%),
- Fibroid uterus (26.15%),
- Bleeding (13.84%),

- Uterus prolapsed (9.23%),
- Rupture uterus (3.07%),
- Ovarian cyst (10.76%),
- As a family planning method (3.07%)
- And with own request (1.53%)
- Radical hysterectomy (removal with effected & sentinel nodes) not done. Not included.

Comparing with studies result, the hysterectomy using as a family planning method is not the major causes women are refers for Hysterectomy due to other disease condition. Most of the women are satisfied with the procedure Hysterectomy because they have no any complication but some of the women are not satisfied because they had many symptoms like backache, body ache and fatigue And one women has done hysterectomy due to rupture of uterus after having one alive child most of the women are found with the complication of Hysterectomy.

RECOMMENDATION

- Appreciation of association between the motivation and education will be useful in planning a more effective and acceptable treatment program.
- Nurse lead gyne education program for subject with HT to motivate them to quit from HT for unusual reason.
- Mass educational program at the community level can be done regarding women's health.
- Nurses should strengthen the disease concept of gynecological problems and complication.
- Nurses should be financially assisted to own visual recording devices and computer based peripherals for archiving.
- Bridge between nurses in the developed centers with that of the developing centers.

CONCLUSION

- The prevalence of Hysterectomy in the young women is increasing dramatically and there is steady increase in the number of patient seeking help for hospital for problem related to uterus(Gyne problem).
- This necessitates the need for all level of health care professional specially the midwifery nurse and students to equip them self with adequate skill and knowledge in handling the situation.
- It is well understood and documented that intervention to decrease the burden of Hysterectomy needs a health education for a women. As nurse are the major parts taken of this health education approach can also helping motivation the patient in quitting HT for unusual reasons. Nurses administrator should encourage their staff and students to motivate the patient and women to abstain from HT.
- Proctalga near complete remission in 100% cases. No recurdance.

- Itch & tingling sensation along & around the incision line in 80% of the cases during the 700 days post wound close to clinical satisfaction. Post 3yrs = Occasional. Many noted to apply turmeric paste with relief.

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REFERENCES

- Bachmann, G. A. (1990). Psychosexual aspects of hysterectomy. *Women's health issues, 1*(1), 41-49.
- Carlson, K. J. (1997). Outcomes of hysterectomy. *Clinical obstetrics and gynecology, 40*(4), 939-946.
- Carlson, K. J., Nichols, D. H., & Schiff, I. (1993). Indications for hysterectomy. *New England Journal of Medicine, 328*(12), 856-860.
- Helström, L., Weiner, E., Sörbom, D., & Bäckström, T. (1994). Predictive value of psychiatric history, genital pain and menstrual symptoms for sexuality after hysterectomy. *Acta obstetrica et gynecologica Scandinavica, 73*(7), 575-580.
- Kjerulff, K. H., Rhodes, J. C., Langenberg, P. W., & Harvey, L. A. (2000). Patient satisfaction with results of hysterectomy. *American journal of obstetrics and gynecology, 183*(6), 1440-1447.
- Kjerulff, K. H., Langenberg, P. W., Rhodes, J. C., Harvey, L. A., Guzinski, G. M., & Stolley, P. D. (2000). Effectiveness of hysterectomy. *Obstetrics & Gynecology, 95*(3), 319-326.
- Lindberg, C. E., & Nolan, L. B. (2001). Women's decision making regarding hysterectomy. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 30*(6), 607-616.
- Nankali, A., Najafi, F., Keshavarzi, F., Bastani, A., & Dayi Chin, S. (2012). Relationship between tubal ligation and risk of hysterectomy. *The Iranian Journal of Obstetrics, Gynecology and Infertility, 15*(11), 16-21.
- Williams, R. D., & Clark, A. J. (2000). A qualitative study of women's hysterectomy experience. *Journal of Women's Health & Gender-based medicine, 9*(2, Supplement 2), 15-25.
- Wade, J., Pletsch, P. K., Morgan, S. W., & Menting, S. A. (2000). Hysterectomy: what do women need and want to know?. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 29*(1), 33-42.