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Hysterectomized Women In The Indian Context- A Review.

Jyothi Danavath, Dr.P.Venkata Ramana

Ph.D. Research scholar, Department of Sociology, Dr. B. R. Ambedkar open university, Hyderabad, Telangana.

Associate Professor, Department of Sociology, Dr. B. R. Ambedkar open university, Hyderabad, Telangana.

Abstract

Purpose

This paper aims to organize the existing empirical research on hysterectomized women in India, highlight the research areas that have not received attention and present opportunities for future research.

Key words: Hysterectomy, reproductive health

Introduction

Women are seen to serve the economy as mothers, by not only perpetuating the species and the labor force, but by moulding their children into the contributing workers of tomorrow. Woman in India and their status have been subjected to many changes over the span of recorded Indian history. Women's health in general and her reproductive health have been neglected due to many reasons such as ignorance, illiteracy, patriarchal society, lack of family support.

Womb or uterus is the most important organ and that is pivotal to the overall wellbeing of women. Hysterectomy is the surgical procedure for uterus removal. Peculiarly it is the second most frequently performed surgery for women. In the 21st century many countries which had a history of high prevalence of hysterectomy surgeries, earlier are reporting a decline. However, in the last few years there are many reports about the increasing hysterectomy cases in India, for instance, in America, out of 1000, 6 women undergo hysterectomy, while in India it is 17 out of 1000, which is two times higher.

Design/methodology/approach

A systematic literature review was performed on 28 scholarly articles focusing on Hystectomised women in India based on physiological and sociological aspects of hystectomised women. This review is structured and directed by the following foci: what did we know about academic research on hystectomised women in India? Where were these studies conducted? What are the findings?

Review of Literature

Physiological Studies on Hysterectomized Women in India

The physiological consequences of hysterectomy among women in India are multifaceted and significant, as detailed by various authors. Sardeshpande (2015) investigates the impacts of hysterectomy on premenopausal women in rural regions, highlighting that the surgery can severely impair physical health and work capacity. Despite clinical support for hysterectomy as a treatment option, many women do not experience the anticipated benefits, emphasizing the need for careful consideration of each patient's background before recommending such a procedure.

Mamidi and Pulla (2013) provide a deeper examination of the severe long-term physical effects associated with hysterectomy. They argue that beyond the immediate surgical risks, women often face enduring health challenges such as severe depression, an increased likelihood of osteoporosis, and heightened risks of heart disease. Their research identifies numerous side effects linked to the procedure, including surgically induced menopause, which can lead to hormone imbalances manifesting as insomnia, weight loss, and loss of libido. This indicates that the repercussions of hysterectomy extend far beyond the physical realm, impacting mental health and overall well-being.

Prusty (2018) contributes to the understanding of the physiological implications of hysterectomy by estimating its prevalence at 17 per 1,000 ever-married women in India. He notes alarming variations across states, with younger women, particularly those under 40 years old, disproportionately affected. The study suggests that this demographic suffers from severe ill-effects, including incontinence and sexual dysfunction, along with an earlier onset of menopause, which correlates with an increased risk of cardiovascular diseases. This finding underscores the urgent need for awareness regarding the long-term health consequences of early hysterectomy.

Anjaneyulu G (2016) focuses on the profile of hysterectomized women in urban slums of Hyderabad, where a significant number undergo the procedure at an early age. His study reveals that more than one-third of these women experience long-term complications post-operatively, further emphasizing the need for awareness about the potential health risks associated with premature hysterectomy. Additionally, Desai (2019) highlights that women who undergo hysterectomy at a younger age face prolonged exposure to lower estrogen levels, raising their risk of developing various health issues later in life.

Uma Sudhir (2010) raises critical concerns regarding the increasing number of hysterectomies performed on women aged 20 to 40 in Andhra Pradesh. She argues that these procedures lead to complications arising from hormonal imbalances and osteoporosis, accelerating aging and health decline in these younger women. In a particularly alarming study, Kameshwari and Vinjamuri (2018) report that 60% of women in certain districts had hysterectomies performed before the age of 30, indicating a shocking prevalence of unindicated surgeries.

Supporting the focus on hormonal health, Ian A. Donald et al. (1954) examine the implications of artificial menopause, noting significant weight changes and hot flushes experienced by many patients. Their findings highlight the physical ramifications of sudden hormonal changes post-hysterectomy. Similarly, J. Reeve (1987) emphasizes the increased risk of osteoporosis following surgical menopause, suggesting that the loss of ovarian function can lead to significant bone health challenges. Finally, Jacqueline CM Witteman et al. (1989) investigate the cardiovascular risks associated with menopause, revealing that postmenopausal women, particularly those who have undergone hysterectomy, face a higher likelihood of developing cardiovascular diseases. Collectively, these studies highlight the extensive and varied physiological challenges faced by hysterectomized women in India.

Sociological Studies on Hysterectomized Women in India

The sociological context surrounding hysterectomy among women in India unveils a complex tapestry of gender, education, and socio-economic issues, as evidenced by numerous studies. Mamidi Pulla (2013) brings attention to the troubling human rights violations linked to hysterectomy, noting that many rural women are deceived into undergoing unnecessary surgeries due to their illiteracy and vulnerability. This underscores a broader societal issue wherein women's lack of education significantly impacts their health decisions and overall autonomy.

Further exploring the socio-economic ramifications, Srivastava R (2019) reveals the dire consequences of hysterectomy on family economics, reporting that many families are left destitute following the procedure, effectively trapping them in cycles of modern-day slavery. This finding illustrates how the decision to undergo a hysterectomy is often entangled with economic pressures and the need for family survival, shedding light on the broader societal implications of this surgical practice.

Kannan Subramanium (2019) examines the status of tribal women in Telangana, highlighting how their low literacy rates and high work participation make them particularly vulnerable to exploitation. The research indicates that these women often face significant barriers to accessing healthcare, further exacerbating their already precarious situation. Anjaneyulu G (2016) also underscores the socioeconomic challenges faced by urban slum dwellers, where early hysterectomy is common, leading to further complications and social stigma.

Doyle Dasgupta (2015) provides insight into the sociocultural determinants affecting health outcomes, revealing significant differences in menopausal symptoms between tribal and caste populations. This disparity indicates that social stratification plays a critical role in determining health experiences and access to care. Similarly, the Dhebar Commission Report (1961) highlights the relative freedom and responsibilities of tribal women compared to their caste counterparts, emphasizing that while they may enjoy certain liberties, they are still vulnerable to reproductive health challenges.

Bhasin (2017) affirms that tribal women face unique challenges, being more illiterate than men and sharing common reproductive health issues. Their labor contributions are substantial, often exceeding those of men, yet they continue to face systemic barriers. Lal B. Suresh (2015) investigates the socioeconomic conditions of the Banjara community, illustrating how economic hardship often forces these women to seek hysterectomies for minor gynecological issues due to fear of severe health outcomes like cancer.

Chaudhari (2013) highlights alarming statistics from a village in Andhra Pradesh, where a disproportionate number of young women underwent hysterectomies, prompting calls for enhanced awareness and education regarding reproductive health. Prakash Vinjamuri and S. V. Kameshwari (2019) substantiate this concern, reporting that one in five women in certain districts has undergone a hysterectomy, underlining the urgent need for health interventions and policy reform to address this public health crisis.

Finally, Shekhar (2019) examines the socio-demographic determinants of hysterectomy, noting that 6% of women aged 30-49 have undergone the procedure, often due to excessive menstrual bleeding or fibroids. This statistic points to the pressing need for educational programs that empower women to understand their health choices better. Together, these sociological studies paint a comprehensive picture of the intricate factors influencing the prevalence of hysterectomy among women in India, emphasizing the need for a multi-dimensional approach to education, awareness, and healthcare reform.

Findings and conclusion

The studies on hysterectomy among women in India highlight important issues related to both health and society. Many women who undergo hysterectomy experience serious health problems afterward, such as depression, osteoporosis (a condition that weakens bones), sexual dysfunction, and an increased risk of heart disease. This is especially true for younger women who have the surgery before the age of 40. Research by Mamidi and Pulla, Prusty, and Uma Sudhir points out that these early surgeries can lead to hormonal imbalances and faster aging, raising concerns about whether these operations are really necessary.

On the social side, many women are misled into having a hysterectomy due to a lack of education and awareness. Studies by Mamidi Pulla and Srivastava show that women, especially in rural and tribal areas, are often taken advantage of and undergo unnecessary surgeries, which can leave their families in financial trouble. Kannan Subramanium notes that tribal women face more challenges due to low literacy and economic hardships, making them more vulnerable to exploitation. Additionally, Doyle Dasgupta highlights that health outcomes vary significantly between tribal and caste populations, showing that social factors play a big role in women's health.

Therefore, these studies emphasize the urgent need for better education and access to healthcare for women in India. This way, they can make informed decisions about their reproductive health and address the social issues that contribute to the rising rates of hysterectomy.

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