

Is Hysterectomy a New Threat for Indian Women?

Abstract

Background: Hysterectomy, the surgical removal of the uterus is not just a common surgery among women but also associated with a risk of complications. It is the second most frequently performed major surgical procedure on women all over the world next to caesarean section. Women have to encounter many difficult decisions in their life, but the decision of whether to go for a hysterectomy or not can be the most difficult one she will ever make. It can not only threaten her health, sexuality and fertility but also could lead to chronic feeling of grief, depression and loss. However, a hysterectomy may be required to decrease pain, raise the quality of life and most importantly to save the patient's life. The epidemiology of hysterectomy among female population is knocking at the door as one of the major public health issues. Primely it was known as a major gynaecological procedure among women in developed countries, but slowly and steadily it has started shaping itself in the developing countries as well. In India, women's negative attitudes towards menstruation are a significant driver in seeking hysterectomy.

One of the healthcare practices that has recently made an entry into the list and has raised lots of eyebrows is the large number of hysterectomies that are taking place in India. Many researchers in the past few years have pointed out to a sudden increase in the number of hysterectomy surgeries unfurling in various parts of the country. This surgery not only solves many major health issues of women, but is also sometimes accompanied by many risks, complications and also severe consequences. Since hysterectomy has several long-term ramifications on women's health, longevity and much more; it becomes essential to explore more about it.

Though there are several studies on hysterectomy in developed and developing countries, but a very few studies are available in the India context and again most of them are based on limited geographical areas. So it is essential to know the exact pattern of hysterectomy in India as well as it is important to explore more about the predictors of hysterectomy and also the reasons for hysterectomy in India. Therefore, this paper attempts to address these issues.

Data and Methods: The data for the present study were drawn from the fourth round of National Family Health Survey (NFHS-4), which was conducted during 2015-16 under the stewardship of

the Ministry of Health and Family Welfare (MoHFW), Government of India and coordinated by the International Institute of Population Sciences (IIPS), Mumbai. NFHS is a large-scale multi-round survey conducted in a nationally representative sample of households. The survey provided national and state level data for India on infant and child mortality, fertility, reproductive health, maternal and child health, nutrition, anaemia, and family planning services. Since this study is concentrated on hysterectomy among ever married women, so various information regarding hysterectomy and various socio-economic, demographic and biological characteristics based on ever married women (excluding women who are married but gauna has not performed) in the age group 15-49 have been used in the study.

For this study univariate, bivariate and multivariate analyses were conducted using IBM SPSS (version 20). Univariate analyses were used to estimate the prevalence of hysterectomy and median age at hysterectomy among ever-married women in the present sample. Bivariate analyses were performed to determine the prevalence of hysterectomy in various states, regions and districts of India and to determine the associations between the selected socio-economic, demographic and biological factors with hysterectomy. Finally, multivariate analyses in the form of binary logistic regression were conducted to determine the relations of various factors to the dependent variable, hysterectomy. The dependent variable was dichotomous with mutually exclusive and exclusive categories, i.e., had undergone a hysterectomy or had not undergone a hysterectomy, and the independent variables were categorical; thus, performing binary logistic regression was the most appropriate approach. The analyses were conducted using appropriate sampling weights.

Findings: The prevalence of hysterectomy among ever-married women was 4.1percent in India. However, hysterectomy has shown an increasing trend over the years. The southern region stands out for the considerably higher prevalence of hysterectomy; particularly in the states of Andhra Pradesh and Telangana, the prevalence was that it appeared to be the hotspots of hysterectomy. On the other hand, the North-eastern region had the lowest prevalence. The number of ever married women undergoing hysterectomy ranged from 12 to 105 per 1000 across different states. One of the important and alarming issue is the low median age at hysterectomy in India. At national level, the median age at hysterectomy was found to be 34 years, which also means that half of the hysterectomies in India were done before women reach their mid-thirties.

Table 1: Prevalence and mean age at hysterectomy among ever married women age 15-49 years by states/UTs, NFHS-4

State/UTs	Prevalence		Median age at hysterectomy (years)
	Percent	N	
North	2.1	71444	36
Chandigarh	2.2	404	37.2
Delhi	1.5	7568	37
Haryana	2.4	12207	36
Himachal Pradesh	2.8	3009	38
Jammu & Kashmir	3.9	4433	33
Punjab	3.5	11289	37
Rajasthan	2.9	28294	35
Uttarakhand	2.9	4240	36
Central	3.3	120479	35
Chhattisgarh	2.5	12242	35
Madhya Pradesh	3.8	34144	33
Uttar Pradesh	3.2	74093	35
East	4.1	123714	33
Bihar	6.7	45056	32
Jharkhand	3.0	13801	32
Odisha	2.8	18915	33
West Bengal	2.5	45941	36
Northeast	1.4	18597	33
Arunachal Pradesh	2.4	452	32.2
Assam	1.2	13352	32
Manipur	2.1	851	36.9
Meghalaya	1.7	1075	34.1
Mizoram	1.6	369	36.2
Nagaland	2.3	526	36.7
Sikkim	1.9	213	34.1
Tripura	1.6	1759	35.4
South	5.9	127652	31
Andaman & Nicobar	2.9	171	34.1
Andhra Pradesh	10.5	25702	30
Karnataka	3.8	27562	32
Kerala	2.3	14899	41
Lakshadweep	0.0	32	-
Puducherry	2.3	603	38
Tamil Nadu	4.3	40466	32
Telangana	9.4	18217	31
West	3.9	78785	35
Dadra & Nagar Haveli	5.2	135	31.8
Daman & Diu	4.3	70	33.9
Goa	3.8	604	35
Gujarat	5.4	25506	36
Maharashtra	3.2	52471	35
India	4.1	540671	34

Source: Computed from individual data file of NFHS 4.

In the present study age, place of residence, education, wealth index, parity, age at first cohabitation and body mass index come out to be the important determinants of hysterectomy.

It was evident from the current study that women living in rural areas were more likely to go for hysterectomy as compared to women of the urban areas. This study has also highlighted the facts that higher educated women were less likely to choose hysterectomy as compared to less educated women. As per the results, the risk of hysterectomy increases with increasing parity and early age at first cohabitation.

In all the regions of India, a substantial proportion of hysterectomies were performed mainly because of excessive menstrual bleeding/pain and more than fifty percent of women had given this reason. The second most prevalent reason for undergoing hysterectomy in most of the regions was fibroids/cysts, except in the Northeast and East. Also, many hysterectomies were performed for a single reason rather than multiple reasons.

Table 5: Reasons for hysterectomy by regions of India, NFHS-4

Reasons	North	Central	Northeast	East	West	South	India
Excessive menstrual bleeding / pain	52.2	57.1	46.2	50.0	60.3	57.1	55.3
Fibroids / cysts	30.1	15.8	8.1	12.7	19.7	23.5	19.5
Uterine disorder (rupture)	14.6	11.4	13.5	15.3	11.5	15.0	13.9
Cancer	4.9	11.7	4.6	5.3	2.9	3.7	5.5
Uterine prolapse	8.3	7.2	6.2	13.7	6.5	4.7	7.8
Severe post-partum haemorrhage	2.8	3.7	9.3	5.2	2.9	2.4	3.5
Others	4.0	9.3	17.4	11.2	7.5	4.4	7.4
Single reason	84.7	86.1	95.8	88.2	89.3	90.2	88.4
Multiple reasons	15.3	13.9	4.2	11.8	10.7	9.8	11.6

Conclusion: A sizeable proportion of ever-married women are undergoing hysterectomy, and the prevalence of hysterectomy has also shown an upward trend over the years. This may have adverse effects on the physical, socio-psychological and reproductive health of women. It has been found that the gynecological health problem for which most of the Indian women had undergone hysterectomy can be cured by non-invasive methods. A woman should go for hysterectomy only when all other treatment options failed. So, health education about gynaecologic problems and the potential side effects of hysterectomy as well as providers training emerge as important needs. A rights-based approach to women's health is essential to promote high quality prevention and treatment choices for women rather than 'permanent' but potentially inappropriate solutions.