

A Study on the Effects of Hysterectomy on Gender Identity among Badaga Women in Nilgiris District, Tamilnadu

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Abstract: Purpose: *Hysterectomy is the surgical removal of the uterus. Removal of uterus also removes the child bearing capability of a woman. In India, community based studies and media reports indicate that there is a surge in number of young women undergoing hysterectomy in the past few years. Menstruation is one of the physical identities of every woman to celebrate their 'womanhood' throughout their life. Since there is an increase in hysterectomy among young women, the study explored the physical, psychological and self-concepts effects after hysterectomy among pre-menopausal Badaga women in Nilgiris District, Tamilnadu and how it affects the gender identity.*

Methods: *The study employed quantitative approach for the collection of data and the findings have been discussed in the light of gender identity theories. The study also explored the source of information, communication and information seeking behavior among women with regards to decision making on gender identity.*

Results: *The study has found that the physical health after hysterectomy was not satisfactory among the Badaga women. On the contrary, the psychological health and self-concepts after hysterectomy were satisfactory.*

Conclusion: *The study has suggested the need for education towards decision making on hysterectomy and the importance of uterus in construction of feminine identity.*

Keywords: *Post Hysterectomy, Quality of Life after Hysterectomy, Information and Communication seeking behaviour, Gender Identity*

1. INTRODUCTION

Hysterectomy, the surgical removal of uterus, is one of the commonest surgeries that has been carried out among women all across the globe. It is estimated that by the age of 60 years, approximately one third of women in the USA have had a hysterectomy. (Babalola E., 2006) Of these, 75% surgeries are among women between 20 to 49 years age. In the United Kingdom, in 2001, 21% of women aged 55– 59 were estimated to have had a hysterectomy, whereas in Australia, 14% of women aged 18 years or above had had a hysterectomy (Markovic M., 2008).

In India, there have been few population-based studies to estimate hysterectomy prevalence. In 2010 cross-sectional household survey of 2,214 rural and 1,641 urban women in low-income households in Ahmedabad city, a district in Gujarat, one third of all hysterectomies were carried out among women younger than 35 years of age. A study by (Kameswari and Vinjamuri, 2013) involving a sample of 171 women in Andhra Pradesh

conducted during 2008–2010, showed that 60% of hysterectomies were carried out on women aged under 30.

Despite a lower prevalence compared to industrialized countries, hysterectomy has been a subject of controversy in India since women were undergoing operation at their reproductive age. In Rajasthan, a Right to Information (RTI) application revealed that between April and October 2010, out of a total of 385 operations reported by three private hospitals, 286 were hysterectomy operations. Many of these women were under the age of 30, with the youngest being 18 years old. (*K. Thilagavathi Krishnasamy, 2014*)

In India, community based studies and media reports indicate the surge in number of young women undergoing hysterectomy in the past few years (*Ranjan Kumar Prusty, Chetan Choithani, and Shiv Dutt Gupta, 2018*). There is a rise in number of hysterectomy surgeries being done to young women across various states in India (*Margaret L. Stubbs, 2013*). Since there is an increase in hysterectomy among young women, this study observes the physical health, psychological health and self-concepts after hysterectomy among pre-menopausal woman and how it affects the gender identity.

Uterus has a special symbolic meaning for women so that its loss leads to a feeling of reduced womanhood which in turn leads to psychiatric disorders (*Krafft –Ebing- 1890*). Freud mentioned the uterus as a significant symbol of femininity. One has to contend with the unavoidable truth – the absence of the uterus which she believes gives her the grace, sexuality and femininity which is exclusively hers (*M.V.Preethi, 2006*)

(*Drellich and Bieber, 1958*) describes six important functions for uterus (1) a child bearing organ (2) an excretory organ (3) regulator and controller of body processes (4) a sexual organ (5) a reservoir of strength and vitality, (6) a maintainer of youth and attractiveness. Henceforth, the removal of the uterus may be regarded as equivalent to castration. (*M.V.Preethi, 2006*)

From the above views, it can be understood that removal of the uterus also removes the feminine qualities. According to New York Time science reporter Natalie Angier, the uterus is the “Only part of the body that is unique to women, the one organ that doesn’t have an anatomical equivalent to male” (*Elson, 2004*) Hence this body part hold feminine gender identity. The majority of the studies showed that there are adverse physical and psychological outcomes that occur after hysterectomy among pre-menopausal women. The knowledge pertaining to the surgery in patients of rural setting is very low, especially in developing country like India. Women who undergo hysterectomy surgery face a multitude of physical and psychological problems after the hysterectomy.

This study explores to understand the physical and psychological effects of hysterectomy and self-concepts among pre-menopausal Badaga woman in Nilgiris District, Tamilnadu.

OBJECTIVES OF THE STUDY

- To know the Demographic details of Badaga women who underwent Hysterectomy in Nilgiris district, Tamilnadu.
- To study the post-hysterectomy effects on physical health among Badaga women in Nilgiris district, Tamilnadu.
- To study the post-hysterectomy effects on psychological health among Badaga women in Nilgiris district, Tamilnadu.
- To understand the self-concept after hysterectomy among Badaga women in Nilgiris district, Tamil Nadu.

- To understand the source of information and communication related to decision making pertaining to gender identity

2. REVIEW OF LITERATURE

INDIAN STUDIES

(M.V.Preethi, 2006) “A Study of Psychiatric Morbidity in Post Hysterectomy Patients” discussed that there is a psychiatric outcome after hysterectomy, which is positively correlating with stress, extraversion and neuroticism.

(Sardeshpande, 2014) “Why do young women accept hysterectomy?” found out that fear of cancer, failure of medical treatment, practical difficulties in living with reproductive health problems, fear mongering by the doctors and belief in the hysterectomy as the best treatment were some of the reasons for which women accepted hysterectomy.

(Sudharani Kesava Reddy, 2014) “A comparative study of psychosexual problems in women who have undergone sterilization versus hysterectomy” points out that removal of uterus results in loss of both reproductive and menstrual function. These are important events for women that are found to be contributing to psychological problems, as these are related with feminine identity and sexual life.

(K. Thilagavathi Krishnasamy, 2014) “Does Quality of Life Improve in Women Following Hysterectomy?” found out that quality of life improved considerably from the preoperative period to four months postoperative among women who underwent hysterectomy.

(Nilangi, 2015) “Hysterectomy among Premenopausal Women and its’ impact on their Life” highlights that hysterectomy in premenopausal women is going to become major public health problem in India as all these women are being pushed into early menopause and related health problems.

(Shuchi Jain, 2017) “Perceptions of Indian women on hysterectomy” discussed that there was a positive impact of pre-operative education on perceptions about hysterectomy. Women who underwent hysterectomy after receiving preoperative education were content with the results of the surgery.

(KusumLata Mathur, 2018) “Psychological well-being, marital adjustment and quality of life after hysterectomy: a comparative study” discussed hysterectomy results in some form of psychosexual or psychosocial impairment in a minority of patients. This warrants further multi-centric investigation in diverse ethno-cultural populations.

(VanithamaniSivapragasam, 2018) “An audit of hysterectomies: indications, complications and clinico pathological analysis of hysterectomy specimens in a tertiary care center” discussed that hysterectomies were distributed over a wide age ranging from 32 years to 75 years. The study found that hysterectomy is associated with risk of complications.

INTERNATIONAL STUDIES

(Julie E. Bylesa, 2000) “Factors associated with hysterectomy among women in Australia” found that compared to women who had not had hysterectomy, women who had had hysterectomy had significantly poorer physical and mental health.

(Elson, 2004) “Am I Still a Woman? Hysterectomy and Gender Identity” examined the impact of lost body parts on gender identity by studying women who had undergone hysterectomy.

(Templeton, 2004) “Women’s perceptions of decision-making about hysterectomy” includes the way their doctors communicated with them on hysterectomy. The study also found that

the patients do not feel adequately informed to make or fully understand the decision for hysterectomy.

(*Wang XQ, 2007*)“Anxiety, depression and coping strategies in post-hysterectomy Chinese women prior to discharge”. The findings of this study indicate that care for Chinese women post-hysterectomy, before discharge, should address their physical, psychological, social and economic well-being.

(*Shifren & Avis, 2007*)“Surgical menopause: effects on psychological well-being and sexuality” The majority of research on the effects of surgical menopause shows improved psychological well-being and sexual function after hysterectomy. Women with depression or sexual problems preoperatively are at increased risk for experiencing a worsening of mood and libido postoperatively.

(*Mahmonier Danesh, 2015*) “The effect of hysterectomy on sexuality and psychological changes” discussed signs of depression may include severe and prolonged feelings of sadness and hopelessness; diminished interest in activities; significant weight loss or gain; insomnia; fatigue; and thoughts of death or suicide.

(*Ayaz, 2015*) “The effect of education given before surgery on self-esteem and body image in women undergoing hysterectomy” This study revealed that health education given to patients prior to hysterectomy protects body image and consequently self-esteem.

(*Yongmei Li, 2017*) “Psychological Statuses of Premenopausal Women Before and After Hysterectomy” states that hysterectomy benefits the psychiatric and somatic health of the patients, but women who are younger, more prolific, less educated, complain of dysmenorrhea or menorrhagia and have other medical disorders are more prone to perioperative depression.

3. RESEARCH METHODOLOGY

The present study is descriptive. The study has used quantitative method for the purpose of data collection and analysis.

The study was conducted among the Badaga women in Nilgiris District, which is the southern state of Tamilnadu. As of 2011 census, the Nilgiris district had a population of 7,35,394 with a sex ratio of 1,042 females for every 1,000 males. The community Badaga, non-scheduled tribe has been living in Nilgiris since thousands of years back. The Badagas have numbered about 2, 50,000 (19% of the district population).

For the purpose of the study Badaga women from Nilgiris district in Tamilnadu have been selected as the sample. Snowball technique was employed for the purpose of the study. Data were collected using structured questionnaire.

Due to the pandemic situation a structured questionnaire was entered in ‘Google form’ along with the detailed description of the study. The major components of the questionnaire were to obtain information regarding the Demographic details which includes (Age, Village, Seemai, Age at the time of hysterectomy, Number of Children, Marital status), Post hysterectomy physical and psychological effects, and self-concepts among Badaga women in Nilgiris District. The Questionnaire was developed based on the literature review and also with the understanding of the research problem. The items used in the questionnaire were adopted from the previous studies and rephrased to suit the present study.

The researcher approached social media for contacting the sample since there was an inability to meet the respondents in-person due to the pandemic situation. Researcher found a Badaga association group in Facebook which comprised of 9104 members till date. The researcher acquired contact information of few Badaga women from the group admin.

Researcher initially built a good rapport with them and made them understand about the study. Then, the researcher sent the structured questionnaire to their whatsapp number and asked them to circulate to their mother, sisters, cousins, relatives and friends who are from Badaga community who had undergone hysterectomy. In a period of one and half month from 13th January to 9th March, 138 respondents have provided their responses to the questionnaire.

The data thus collected was saved in Microsoft excel and analyzed using standard SPSS 16.0. To understand the distribution of data, researcher has used descriptive statistics and frequency distribution.

DATA ANALYSIS AND INTERPRETATION

Demography Details of the Respondents

Table 1: Respondents' Seemai

Seemai	Frequency	Percentage
Porangaadu	71	51.4%
Thodhanaadu	46	33.3%
Mekkunadu	11	8.0%
Kundha	10	7.2%
Total	138	100

The above table 1 shows that among 138 respondents, **51.4%** of the respondents are from Porangaaduseemai, **33.3%** of the respondents are from Thodhanaaduseemai, **8%** of the respondents are from Mekkunaduseemai and **7.2%** of the respondents are from Kundhaseemai.

Village	Frequency	Percentage
Annikorai	1	.7%
Bamudi	3	2.2%
Beragani	28	20.3%
Dhenadu	1	.7%
Ithalar	2	1.4%
Kadakodu	7	5.1%
Kadanadu	3	2.2%
Karakorai	1	.7%
Karapillu	1	.7%
Kotanalli	19	13.8%
Nanjanaad	8	5.8%
Nedugula	9	6.5%
Odane	26	18.8%
Porthi	1	.7%
Selakorai	11	8.0%

Sundatti	14	10.1%
Thooneri	3	2.2%
Total	138	100.0%

Table 2: Respondents' Village

The above table 2 shows that the respondents from various villages.

Table 3: Age of the Respondents

Age	Frequency	Percentage
24-39	34	24.6%
39-42	40	29.0%
42-45	35	25.4%
45-55	29	21.0%
Total	138	100

The above table 3 shows that among 138 respondents, **29%** of the respondents belong to the age group of 39-42 years, **24.6%** of the respondents are in the age group of 24-39 years, **25.4%** of the respondents are in the age group of 42-45 years and **21%** of the respondents are in the age group of 45-55 years.

Table 4: Respondents' Marital Status

Marital Status	Frequency	Percentage
Married	125	90.6%
Unmarried	13	9.4%
Total	138	100

The above table 4 shows that among 138 respondents. **90.6%** of the respondents are married and **9.4%** of the respondents are un-married.

Table 5: Marriage Age of the Respondents

Marriage age	Frequency	Percentage
14-17	31	22.5%
17-19	52	37.7%
19-20	22	15.9%
20-29	20	14.5%
Un married	13	9.4%
Total	138	100

The above table 5 shows that among 138 respondents, **37.7%** of the respondents got married at the age of 17-19 years, **22.5%** of the respondents got married at the age of 14-17 years, **15.9%** of the respondents got married at the age of 19-20 years, **14.5%** of the respondents got married at the age of 20-29 years, and **9.4%** of the respondents are un-married.

Table 6: Number of Children for the Respondents

Number of Children	Frequency	Percentage
1	27	19.6%
2	82	59.4%
3	9	6.5%
No children	20	14.5%
Total	138	100

The above table 6 shows that among 138 respondents, **59.4%** of the respondents have two children, **19.6%** of the respondents have one child, **6.5%** of the respondents have three children and **14.5%** of the respondents have no children.

Table 7: Respondents' age at the time of Hysterectomy

Hysterectomy age	Frequency	Percentage
20-28	37	26.8%
28-34	37	26.8%
34-37	37	26.8%
37-43	27	19.6%
Total	138	100

The above table 7 shows that among 138 respondents, **26.8%** of the respondents have undergone hysterectomy at the age of 20-28 years, **26.8%** of the respondents have undergone hysterectomy at the age of 28-34 years, **26.8%** of the respondents have undergone hysterectomy at the age of 34-37 years and **19.6%** of the respondents have undergone hysterectomy in the age of 37-43 years.

Table 8: Respondents' Information and communication seeking behavior towards decision making– (Refer table 8, 9, 10)

	Yes	No	Total
Did you take any time to decide about hysterectomy before surgery	122 88.4%	16 11.6%	138 100%
Did you talk with anyone about hysterectomy before surgery	137 99.3%	1 .7%	138 100%
Was it difficult to make the decision	121 88.4%	17 12.3%	138 100%
Did you feel difficult to discuss with others	3 2.2%	135 97.8%	138 100%
Does your physician suggest you the alternatives of hysterectomy	7 5.1%	131 94.9%	138 100%
Did anybody educate you the pros and cons of surgery	4 2.9%	134 97.1%	138 100%

The above table 8 shows that among 138 respondents,

- **88.4%** of the respondents stated that they took time to decide about hysterectomy before surgery and **11.6%** of the respondents stated that they didn't take any time to decide about hysterectomy before surgery.
- **99.3%** of the respondents stated that they talked with someone about hysterectomy before surgery and **0.7%** of the respondents stated that they didn't talk with anyone about hysterectomy before surgery.
- **88.4%** of the respondents stated that it was difficult to take the decision about hysterectomy and **12.3%** of the respondents stated that it was not difficult to take the decision about hysterectomy.
- **97.8%** of the respondents stated that they didn't feel difficult to discuss with others about hysterectomy and **2.2%** of the respondents felt difficult to discuss with others about hysterectomy.
- **94.9%** of the respondents stated that their physicians have not suggested the alternatives of hysterectomy and **5.1%** of the respondents stated that their physicians have suggested the alternatives of hysterectomy.
- **97.1%** of the respondents stated that nobody has educated them about the pros and cons of surgery and **2.9%** of the respondents stated that somebody has educated them about the pros and cons of surgery.

Table 9: To whom respondents talk about the surgery

To whom did you talk about the surgery	Frequency	Percent
Parents	3	2.2%
Husband	9	6.5%
Children	8	5.8%
Physician	1	.7%
Nurse	6	4.3%
Neighbors	44	31.9%
Person who underwent such surgery	67	48.5%
Total	138	100%

The above table 9 shows that among 138 respondents, **48.5%** of the respondents' talk about surgery to the person who has underwent such surgery, **31.9%** of the respondents talk to their neighbours about the surgery, **6.5%** of the respondents talk to their husband about the surgery, **5.8%** of the respondents talk to their children about the surgery, **2.2%** of the respondents talk to their parents about the surgery and **0.7%** of the respondents talk to their physician about the surgery.

Table 10: Respondents' major source of information for surgery

Major source of information for surgery	Frequency	Percent
Friends	44	31.9%
Colleagues	1	.7%
Neighborhood	17	12.3%
Relatives	44	31.9%
Hospital	32	23.2%

Total	138	100%
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The above table 10 shows that among 138 respondents, 31.9% of the respondents' major source of information about surgery was relatives, 31.9% of the respondents' major source of information about surgery was friends, 23.2% of the respondents' major source of information about surgery was from hospital, 12.3% of the respondents' major source of information about surgery was from neighbors and 0.7% of the respondents' major source of information about surgery was from colleagues.

Table 11: Respondents' opinion related to Hysterectomy

Opinion related to Hysterectomy	Yes	No
Do you feel happy after hysterectomy	127 92.0%	11 8.0%
Do you have surgery mark?	111 80.4%	27 19.6%
Do you feel pain after hysterectomy?	21 15.2%	117 84.8%

The above table 11 shows that among 138 respondents,

- **92%** of the respondents stated that they feel happy after hysterectomy and **8%** of the respondents stated that they don't feel happy after hysterectomy.
- **80.4%** of the respondents stated that they have a surgery mark and **19.6%** of the respondents stated that they don't have a surgery mark.
- **84.8%** of the respondents stated that they don't feel pain after hysterectomy and **15.2%** of the respondents stated that they feel pain after hysterectomy.

Table 12: Respondents' Type of Surgery

Type of Surgery	Frequency	Percent
Abdominal hysterectomy	111	80.4%
LAVH	6	4.3%
LSH	21	15.2%
Total	138	100.0%

The above table 12 shows that among 138 respondents, **80.4%** of the respondents have undergone abdominal surgery, **15.2%** of the respondents have undergone Laparoscopy hysterectomy, **4.3%** of the respondents have undergone Laparoscopy assisted vaginal hysterectomy.

Table 13: Respondents' Effects of Hysterectomy on Physical Health

Effects on Physical Health	Yes	No
Weight gain	62 44.9%	76 55.1%
Constipation	47 34.1%	91 65.9%

Urinary symptoms	44 31.9%	94 68.1%
Tiredness / Weak	96 69.6%	42 30.4%
Abdominal pain	24 17.4%	114 82.6%
Pain when cough	32 23.2%	106 76.8%
Vaginal bleeding	0	138 100%
Hot flushes	0	138 100%
Experience of sexual dysfunction	104 75.4%	34 24.6%
Pain during sexual intercourse	104 75.4%	34 24.6%

The above table 13 shows that among 138 respondents,

- 44.9% of the respondents stated that they gained weight after hysterectomy
- 34.1% of the respondents stated that they have constipation after hysterectomy
- 68.1% of the respondents stated that they have urinary symptoms after hysterectomy
- 69.6% of the respondents stated that they feel tiredness/weakness after hysterectomy
- 17.4% of the respondents stated that they have abdominal pain after hysterectomy
- 23.2% of the respondents stated that they sense pain while coughing after hysterectomy
- 100% of the respondents stated that they didn't experience vaginal bleeding and hot flushes
- 75.4% of the respondents stated that they experience sexual dysfunction after hysterectomy and pain during sexual intercourse.

Table 14: Effects of Hysterectomy on Psychological Health

Effects on Psychological	Yes	No
I feel depressed after hysterectomy	18 13.0%	120 87.0%
I feel anxious after hysterectomy	0	138 100%
No feeling of womanhood	28 20.3%	110 79.7%
Grief of loss of child bearing ability	34 24.6%	104 75.4%
Grief of loss of menstrual cycle	0	138 100%
I feel helpless	44 31.9%	94 68.1%
I feel lack of concentration	0	138 100%

The above table 14 shows that among 138 respondents,

- **100%** of the respondents stated that they don't feel anxious after hysterectomy
- **100%** of the respondents stated that they don't feel lack of concentration after hysterectomy
- **87%** of the respondents stated that they don't feel depressed after hysterectomy
- **79.7%** of the respondents stated that they don't have the 'no feeling of womanhood' after hysterectomy
- **75.4%** of the respondents stated that they don't have the grief of loss of child bearing ability
- **68.1%** of the respondents stated that they don't feel helpless after hysterectomy

Details of Self-concept of Hysterectomy among the respondents – (Refer table 15, 16, 17, 18)

Table 15: Physical Self-Concept after hysterectomy

Statements Related to Physical Self-Concept	SA	A	N	DA	SDA	Total
You get easily tired when you do household work	5 3.6%	130 94.2%	3 2.2%	0	0	138 100%
You feel your appearance has changed	0	0	30 21.7%	108 78.3%	0	138 100%
You are not able to lift weight	5 3.6%	118 85.5%	15 10.9%	0	0	138 100%
You feel you are physically weak	6 4.3%	113 81.9%	19 13.8%	0	0	138 100%
You feel your waist is large	0	11 8.0%	19 13.8%	108 78.3%	0	138 100%
You are worried for not making the sexual relationship with your husband	0	0	135 97.8%	3 2.2%	0	138 100%

The above table 15 shows that among 138 respondents,

- **94.2%** of the respondents agreed that they get easily tired while doing household work
- **78.3%** of the respondents disagree that their appearance didn't change
- **85.5%** of the respondents agreed that they are not able to lift weight
- **81.9%** of the respondents agreed that they feel they are physically weak
- **78.3%** of the respondents disagreed that their waist is large
- **97.8%** of the respondents remained neutral as to whether they are worried for not making sexual relationship with husband

Table 16: Personal Self-Concept after hysterectomy

Statements Related to Personal Self-Concept	SA	A	N	DA	SDA	Total
You feel you have lost the womanhood	0	1 .7%	14 10.1%	114 82.6%	9 6.5%	138 100%
You find it difficult to take decisions on your own	0	0	16 11.6%	113 81.9%	9 6.5%	138 100%

You feel very sensitive after hysterectomy	0	3 2.2%	18 13.0%	108 78.3%	9 6.5%	138 100%
If you feel down, you find it hard to snap out of it	0	3 2.2%	17 12.3%	109 79.0%	9 6.5%	138 100%
You don't feel proud of yourself	0	0	15 10.9%	114 82.6%	9 6.5%	138 100%

The above table 16 shows that among 138 respondents,

- **82.6%** of the respondents disagreed to the statement that they have lost the womanhood
- **81.9%** of the respondents disagreed to the statement that they find it difficult to take decision on own
- **78.3%** of the respondents disagreed to the statement that they feel sensitive after hysterectomy
- **79%** of the respondents disagreed to the statement that when they feel down they find hard to snap out of it
- **82.6%** of the respondents disagreed to the statement that they don't feel proud of themselves

Table 17: Family Self-Concept after hysterectomy

Statements Related to Family Self-Concept	SA	A	N	DA	SDA	Total
You feel like you are alienated from your family	0	0	12 8.7%	117 84.8%	9 6.5%	138 100%
You are disappointed in relationships with family	0	0	9 6.5%	120 87.0%	9 6.5%	138 100%
You feel you are not valuable to be in the family	0	0	10 7.2%	119 86.2%	9 6.5%	138 100%
You feel you don't have support from your family/ relatives	0	0	9 6.5%	120 87.0%	9 6.5%	138 100%

The above table 17 shows that among 138 respondents,

- 84.8%** of the respondents disagreed to the statement that they feel like alienated from family.
- 87%** of the respondents disagreed to the statement that they get disappointed in relationships with family
- 86.2%** of the respondents disagreed to the statement that they feel not valuable to be in family
- 87%** of the respondents disagreed to the statement that there is no support from family

Table 18: Social Self-Concept after hysterectomy

Statements Related to Social Self-Concept	SA	A	N	DA	SDA	Total
You feel awkward when you are into social get togetherness	0	3 2.2%	14 10.1%	112 81.2%	9 6.5%	138 100%
You feel difficult to listen when your friends/relatives/family members talks about their menstruation	0	0	0	129 93.5%	9 6.5%	138 100%
You feel empty when someone talks about womanhood	0	0	1 .7%	128 92.8%	9 6.5%	138 100%
You feel incapable when someone can get pregnant	0	0	1 .7%	128 92.8%	9 6.5%	138 100%

The above table 18 shows that among 138 respondents,
81.2% of the respondents disagreed to the statement that they feel awkward when they are into social get togetherness
93.5% of the respondents disagreed to the statement that they feel difficult to listen when their friends/relatives/family members talk about their menstruation
92.8% of the respondents disagreed to the statement that they feel empty when someone talks about womanhood
92.8% of the respondents disagreed to the statement that they feel incapable when someone can get pregnant

MAJOR FINDINGS

- The study reveals that among 138 respondents, the marriage age of the respondents starts from the age of 14.
- The data shows that there are 13 unmarried women who had undergone hysterectomy.
- 20 respondents removed uterus even before child bearing.
- The prevalence of hysterectomy among the study sample can be noted between the age group of 20-43 years.
- The decision making prior to the surgery was difficult among the sample but still they have opted for the surgery because no one educate she pros and cons of hysterectomy.
- No physician has suggested the alternatives of hysterectomy among the sample.
- Majority have done abdominal surgery.
- Majority of the respondents felt happy after hysterectomy.
- The physical health after hysterectomy is not satisfactory among the respondents.
- On the contrary, the psychological health and self-concepts after hysterectomy were satisfactory.
- No one has the grief over loss of menstrual cycle, child bearing ability and womanhood.
- The respondents' social, family and personal life were good after hysterectomy.

4. DISCUSSIONS

(Elson, 2004) in her book "Am I Still a Woman?" discussed how uterus and ovaries constitute the core of women's gender identity. The study implies that without these organs an individual's feminine identity is questionable. Due to the central role of uterus in the

development of women's body image, social role and gender role, hysterectomy is a surgical disruption to the self-concept of 'femininity'. So, women who have undergone hysterectomy may consequently be defeminized by having a hysterectomy.

Many social theorists assert that gender identity is one of the most fundamental means by which individuals are recognized both by others and by themselves. (Stoll, 1974) said that "Being female or male is a part of everyone's social identity from birth till death."

As Judith butler said, the biological aspects and the socio-cultural aspects of gender are interlinked. The gender woman is an assemblage of physical body parts which has socio-cultural norms and beliefs that constructs the gender identity of women. There is a strong association between menstruation and women's identity. In many culture, a girl is considered to be a woman only when she starts to bleed.

Menstruation is one of the physical identities of every woman to celebrate their 'womanhood' throughout their life. There is a strong association between menstruation and female identity (Houppert, 1999). By doing hysterectomy women lack a physical organ which is primarily for reproduction. This lack of the sexual reproductive organ questions their identity as a 'female' by their self and also by the society.

5. CONCLUSION

The study sample was found to have removed their uterus even before marriage and child bearing. The prevalence of hysterectomy at a younger age group is alarming. The counselling prior to the surgery was absent. The sample lacks education about the reproductive organ and the importance of having it. Hysterectomy was found to have an impact on physical health. Psychological health of the sample was found to be satisfactory. As hysterectomy leads to removal of a physical organ which is primarily for reproduction, the respondents need education towards decision making on hysterectomy and the importance of uterus.

LIMITATION OF THE STUDY

The study is limited to minimum number of respondents. The study doesn't focus on the reasons for Badaga women undergoing hysterectomy.

SCOPE FOR FUTURE RESEARCH

In understanding the physical and psychological effects and self-concept after hysterectomy, future studies need to consider the reasons behind these effects and also there is a need to focus on the reasons for undergoing the surgery.

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