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A Study To Explore The Live Experiences Of Post Hysterectomy Women From Selected Urban Areas Of Pune City

Dr. K Memchoubi[a*] Ms. Abhiruchi Patole[b], Ms. Pooja Salve[b], Ms. Rutuja Shinde[b]
[a] Associate Professor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Pune.
[b] S.Y. P.B.B.SC, Students of Bharati Vidyapeeth (Deemed to be University), College of Nursing, Pune.

Abstract

Introduction: *The surgical removal of the female reproductive system and cervix is known as a hysterectomy. A supracervical hysterectomy is the surgical elimination of the uterine while leaving the female reproductive organ intact. These operations could also call for excising other adjacent tissues, fallopian tubes, and ovaries. Lay-terms "partial" or "total" hysterectomy mischaracterise the inclusion or exclusion of oophorectomy at the moment of hysterectomy. The study to explore the live experiences post hysterectomy women from selected urban areas of Pune city. This study used qualitative Phenomenological design. A non-probability purposive sampling technique was used to select samples and with 10 Post hysterectomy women between 30-50 years data go saturated. Live experience of post hysterectomy women was explored by using interview method. The participants were mostly in the 30–40 age range, with 60% married. Education levels varied, with 30% having primary education and 30% completing higher secondary. Occupation-wise, 60% were housewives and 40% worked. Half had undergone hysterectomy 2–4 years ago, 30% 4–5 years ago, and 20% more than 14 years ago. In conclusion, women experienced initial discomfort after hysterectomy, such as pain and fatigue, but most reported significant recovery over time.*

Conclusion: *Emotional responses varied, with many managing post-surgery anxiety. Coping strategies, including spiritual activities, helped relieve stress. Family support was crucial, with women appreciating assistance in daily tasks and emotional care. Despite challenges, family dynamics remained strong. Self-care, including balanced eating, moderate exercise, and hygiene, was emphasized as essential for successful recovery.*

Keywords: *Explore, live, experiences, post hysterectomy, women.*

INTRODUCTION

One of the most common gynecological treatments in the world is a hysterectomy, which is the surgical removal of the uterus. While the procedure is often life-saving or significantly improves the quality of life for many women, it also brings about profound physiological, psychological, and social changes. The post-hysterectomy period is associated with challenges such as hormonal imbalances, emotional distress, altered self-image, and changes in intimate relationships. Even though hysterectomy is very common, little qualitative research has been done on the real-life experiences of women who have had one, especially in metropolitan Indian contexts. Understanding these experiences is crucial in developing comprehensive post-operative support systems that address physical recovery, emotional well-being, and social adjustments.

A popular surgical operation used to address gynaecological diseases in women, usually soon after or soon after menopause, is a hysterectomy, or removal of the uterus. These conditions include uterine prolapse, fibroids, and cysts. From 173/100,000 women in Denmark to 510/100,000 in the US, the prevalence of hysterectomy varies greatly among high-income nations. The study revealed proof of a connection between hysterectomy and ongoing health issues in women including an increased likelihood of heart disease events, cancer, symptoms of depressive disorders, digestive issues, and dementia. Women whose ovaries were removed simultaneously are at a higher risk since they are losing oestrogen.

The median age at hysterectomy for women aged 40-49 was 37 years, which is about ten years younger than the age of postmenopausal in India, which is 48 years old. According to the study, among women aged 15 to 49, excessive bleeding during menstruation was the most frequently stated self-reported cause for having a hysterectomy, followed by abnormalities or tumours. In India, women who undergo an early hysterectomy before the age of 45 are exposed to a significantly longer menopausal period without oestrogen than those in other contexts. This may increase their risk of developing non-communicable diseases or hasten their start.

NEED OF THE STUDY

In high-income countries, up to 20% of women have had a hysterectomy by the time they are 60, making it one of among the most common reproductive procedures performed globally. Studies indicate 30-50% of women experience anxiety and depression post-hysterectomy. Approximately 6% of Indian women aged 30-49 years have undergone a hysterectomy, with variations based on socioeconomic and regional factors (National Family Health Survey-5, 2019-21).Hysterectomy rates are higher in rural areas (7.6%) than urban areas (5.1%), possibly due to differences in healthcare access and medical advice (NFHS-5, 2021).Most common causes include excessive menstrual bleeding (39%) and fibroids (21%).Around 35-40% of Indian women report emotional distress and depression post-hysterectomy, influenced by cultural beliefs about womanhood and reproductive health.

In Maharashtra, 8% of women between the ages of 30 and 49 have had a hysterectomy, which is marginally higher than the national average. Women between the ages of 40 and 49 have the highest occurrence (12%), whereas women between the ages of 30 and 39 have the lowest prevalence (NFHS-5, 2021). A study in Maharashtra found that 30% of women report long-term fatigue, 25% experience mood swings, and 20% report sexual dysfunction post-hysterectomy.

In 2011, Sapna etal., studied the number of cases of hysterectomy among women with and without health insurance in Gujarat, India, in both rural and urban settings. These young ladies had hysterectomies, according to SEWA's community health workers, since they had a variety of gynaecological comorbidities and menstrual problems. With the above literature it is found that women who had undergone hysterectomy experience certain changes in their life. That's why the researchers felt the need to conduct the research on live experiences of post hysterectomy among women.

AIM OF THE STUDY

The aim of the study is to explore the live experiences of post hysterectomy women from selected urban areas of Pune city, focusing on the physical, emotional, and social impacts, as well as identifying challenges and support systems during their recovery process.

MATERIALS AND METHODS

The researcher employed a qualitative methodology using a phenomenological design with an objective to explore the lived experiences of post-hysterectomy women residing in selected urban areas of Pune city. The accessible population included women aged 30 to 50 years who had undergone a hysterectomy within 1-5 years. The sampling technique used was non-probability purposive sampling technique to select sample for data collection. Data was collected using a tool divided into two sections: Section A, focused on demographic details such as age, marital status, educational and employment status, duration since hysterectomy, and its medical indication; Section B, comprised open-ended questions aimed at capturing the participants' physical, psychological, social, and spiritual experiences following the procedure. The tool's content validity was ensured through expert review by the department, achieving a high Scale-Content Validity Index (SCVI) of 0.98. For final data collection, with total 10 samples data saturation was achieved.

CONCEPTUAL FRAMEWORK:

The Biopsychosocial-Spiritual (BPSS) Model is a comprehensive framework that helps explore the lived experiences of post-hysterectomy women by understanding their physical, mental, social, and spiritual well-being. The Biopsychosocial-Spiritual Model offers a comprehensive framework for exploring the lived experiences of women post-hysterectomy, encompassing biological, psychological, social, and spiritual dimensions.

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RESULTS

Section-I Analysis of the demographic variables in form of frequency and percentage distribution.

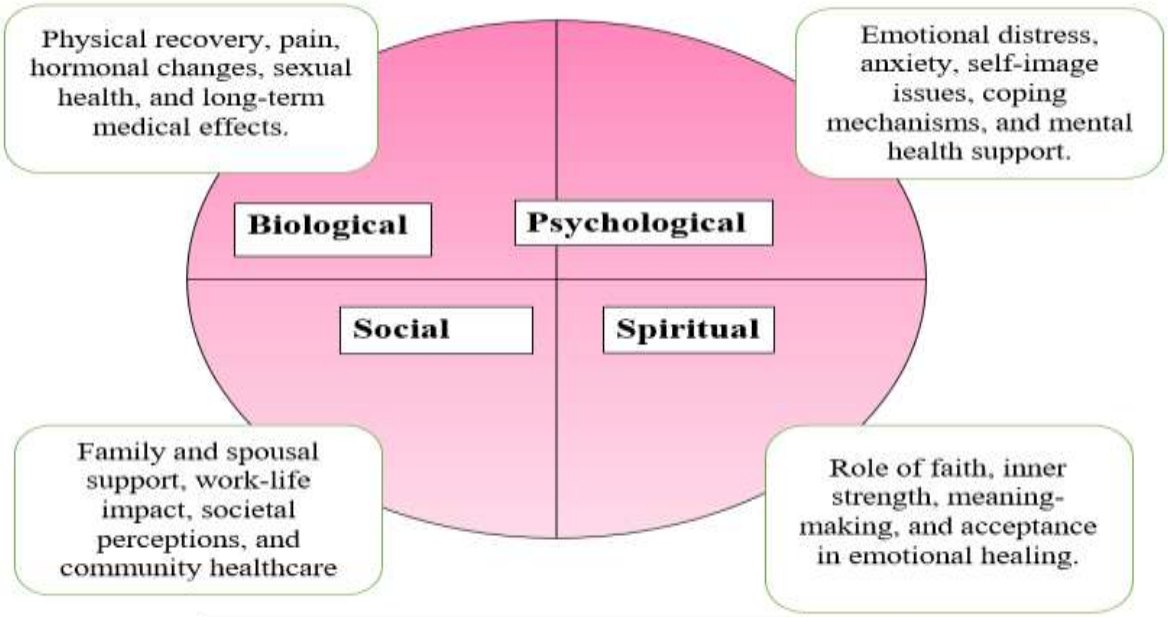

Fig.1 Biopsychosocial-Spiritual (BPSS) Model

Among 10 samples, most participants aged were between 30–40 years which comprised of 60%. A majority (60%) were married, and others were either unmarried or divorced. Education levels varied, with most having primary to higher secondary education, and a few holding graduate or postgraduate degrees. 60% were housewives, while 40% were employed. Regarding duration of the time of hysterectomy, 50% had the surgery within 2–4 years, 30% within 4–5 years, and 20% within 1 year, indicating diverse post-operative timelines.

Section II - Analysis related to the live experiences of post hysterectomy women.

TABLE 1: Thematic analysis of live experiences of post hysterectomy women.

n=10

S.No.	Theme	Sub-Theme	Codes	Verbatim Examples
1.	Social and Emotional Support System	Family Support	-Family care and involvement - Rest support	Yes, I get a lot of support from them... Yes, they give me time to rest. I don't feel tired."
		Emotional Stability	-No emotional change post-op - Stable relationships	"My family is the same as before... I didn't feel any changes in my emotional life after the operation."
		Spiritual Coping	-Listening to bhajan/kirtan - Routine leisure	"I used to listen to bhajan and kirtan. Yes, I listen to songs."
2.	Physical Health and Recovery	Post-operative Discomfort	Pain and fatigue - Stomach ache	"After the operation, I had a stomach ache... Now I don't feel any pain or discomfort."
		Recovery Progress	-Regained energy - No discomfort now	"I feel fresh now. I used to feel tired before."
3.	Psychological Impact	Emotional Changes Post-Op	- Anxiety post-surgery	"I used to feel anxiety after the operation for a few days."

		Stress Management	-No stress post-op - Emotional normalcy	"No, I don't feel any stress now. I feel the same as before."
4.	Health Maintenance and Self-Care	Self-Care Practices	-Personal hygiene - Exercise routine	You should maintain your personal hygiene. You should exercise."
		Advice to Others	-Eat on time - Avoid hard work post-op	"We should take care of ourselves... We shouldn't do any hard work after the operation."
5.	Medical and Surgical Experience	Decision for Surgery	Bleeding - Stomach pain	"I had a stomach ache. I had a lot of bleeding. So I decided to get operated on."
		Medical Consultation	-Symptom progression - Family role in decision	"I had this problem for a month. So my family decided to get operated on."

FINDINGS

Participants commonly experienced initial physical discomfort after hysterectomy, such as pain, fatigue, and weakness, which gradually subsided. Over time, many reported improved health and relief from previous symptoms. Emotionally, responses varied—some faced anxiety or stress early in recovery but eventually regained balance. Coping strategies included engaging in spiritual activities like listening to bhajans or songs. Family support played a vital role, offering both practical help and emotional comfort, with most women noting no change in family relationships. Participants emphasized the importance of self-care, including timely meals, light exercise, avoiding heavy work, and maintaining hygiene. They advised other women to follow medical guidance, be patient during recovery, and stay positive, highlighting the value of family support and personal resilience.

DISCUSSION

The study is comparable to Sheenu Gahlawat's descriptive study, women experiences following peripartum hysterectomy: A Qualitative Study. The present study's derived themes emphasized the multifaceted consequences of peripartum hysterectomy. Women economic, sexual, psychological, and physical wellbeing were all impacted by postnatal hysterectomy. Peripartum hysterectomy women also experience changes in their self-concept and increased reliance. By strengthening healthy coping strategies, need-based, customized psychological therapy approaches will help people successfully adjust to the traumatic event.

Present study highlights the physical, emotional, and social challenges women face post-hysterectomy. Many women reported initial discomfort, such as pain and fatigue, which gradually improved over time, with long-term recovery leading to revitalization. Emotional responses varied, with some experiencing anxiety and stress, while others felt minimal emotional change. Spiritual practices like bhajans were common coping mechanisms. Family support played a crucial role, with women relying on family members for emotional and physical help during recovery. Self-care practices, including maintaining hygiene, eating well, and exercising, were emphasized. Participants advised following medical guidelines and being patient for a successful recovery, stressing the importance of emotional support and self-care.

INTERPRETATION

The study highlights that while women faced initial physical and emotional challenges after hysterectomy, most experienced improved well-being over time. Spiritual practices and strong family support played key roles in coping and recovery. Emphasis on self-care, hygiene, and medical adherence proved essential, with participants encouraging other women to stay positive, patient, and supported throughout the healing process.

CONCLUSION

The study concluded that post-hysterectomy women face physical, emotional, and psychological challenges. While many women reported long-term physical improvements post-surgery, they also experienced emotional distress during recovery. The study emphasizes the importance of emotional and family support in aiding the recovery process. Spiritual practices, family dynamics, and self-care measures

were identified as crucial in facilitating recovery. The findings highlight the need for a well-rounded approach to post-operative care, including physical, emotional, and social support.

DECLARATION BY AUTHORS

Ethical Approval: The study was approved by the institutional ethics committee of Bharati Vidyapeeth (Deemed to be University), Pune. The study participants were briefed about the purpose and nature of the study and written informed consent was obtained before data collection.

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Conflict of Interest: The authors declare no conflict of interest.

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