

Araştırma Makalesi/Research Article

Knowledge and Thoughts of Women and their Spouses about Hysterectomy

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Histerektomiye İlişkin Kadın ve Eşlerinin Bilgi ve Düşünceleri

ABSTRACT

Objective: The aim of this study is to determine knowledge and thoughts of women and their spouses about hysterectomy.

Method: The descriptive cross-sectional study was conducted with 215 women and 179 spouses who will undergo hysterectomy in a state hospital and a university hospital in Aydın. The questionnaire was prepared by the researcher according to the literature. Data were analyzed with descriptive statistics, Chi-square test and Mann Whitney U test.

Results: Twenty-six percent of the women and 28.5% of the spouses knew about the time during which the women would avoid strenuous work and 26.5% of the women and 25.1% of the spouses knew about the time during which they should avoid sexual relationships. Most of the women (30.4%) stated that the most important female genital organ was the uterus, and most of their spouses (27.5%) stated that the vagina was. It was determined that women's thoughts about hysterectomy were more positive. The women and the spouses who had a higher level of education and who had a job were more knowledgeable about hysterectomy ($p<0.05$).

Conclusion: Most women and spouses have low rates of accurate information about hysterectomy. Despite this, it has been revealed that the knowledge of those who are working and have a higher education level is better. It was also observed that women had more positive thoughts about hysterectomy. Health professionals should learn the knowledge and thoughts of couples about hysterectomy, plan appropriate goals and provide necessary training.

Key words: Hysterectomy, knowledge, spouses, thoughts, woman

ÖZ

Amaç: Bu çalışmanın amacı, kadınlar ve eşlerinin histerektomi ile ilgili bilgi ve düşüncelerini belirlemektir.

Yöntem: Tanımlayıcı kesitsel tasarımı çalışma olup, Aydın ilindeki bir devlet hastanesi ile bir üniversite hastanesi'nde histerektomi olacak 215 kadın ve 179 eş ile yapılmıştır. Soru formu araştırmacılar tarafından literatüre göre hazırlanmıştır. Veriler tanımlayıcı istatistikler, ki-kare testi ve Mann Whitney U testi ile analiz edilmiştir.

Bulgular: Kadınların %26'sı, eşlerinin %28,5'i ameliyat sonrası ağır işlerden kaçınma süresini bildiği, kadınların %26,5'inin, eşlerin %25,1'nin ameliyat sonrası cinsel ilişkiden kaçınma süresini bildiği görülmüştür. Kadınların çoğu (%30,4) en önemli kadınlık organının uterus, eşlerinin çoğu ise (%27,5) vajina olduğunu belirtmiştir. Kadınların histerektomi hakkındaki düşüncelerinin daha olumlu olduğu belirlenmiştir. Eğitim seviyesi yüksek olan ve çalışan kadın ve eşlerinin histerektomiye ilişkin bilgilerinin daha iyi olduğu görülmüştür ($p<0,05$).

Sonuç: Kadınların ve eşlerin çoğunun histerektomiye ilişkin doğru bilgilerinin oranları düşüktür. Buna rağmen çalışan ve eğitim seviyesi yüksek olanların bilgilerinin daha iyi olduğu ortaya çıkmıştır. Ayrıca kadınların histerektomiye ilişkin daha olumlu düşüncelere sahip olduğu görülmüştür. Sağlık profesyonelleri çiftlerin histerektomiye ilişkin bilgi ve düşüncelerini öğrenmeli, bunlara uygun hedefleri planlamalı ve gerekli eğitimleri vermelidir.

Anahtar Kelimeler: Histerektomi, bilgi, eşler, düşünceler, kadın

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GENİŞLETİLMİŞ TÜRKÇE ÖZET

Giriş: Histerektomi tüm dünyada en fazla yapılan cerrahi uygulamalardan biridir. Histerektomi kadın beden imajını, üreme ve cinsel fonksiyonlarını etkileyebilmektedir. Kadınların bazıları histerektomi sonrasında kanama, ağrı, kanser korkusu gibi durumlardan kurtulma, sağlığa tekrar kavuşma, ibadetleri daha rahat yapabilme gibi olumlu düşüncelere sahiptir. Kadınların bazılarının ise; ameliyat sonrasında içinde bir boşluk oluşma, bir kadının en önemli parçasını kaybetme, eşini mutlu edememe, artık çocuğunun olamayacağı ve ev işlerini yapamamaktan korkma gibi olumsuz düşünceleri bulunmaktadır. Kadınların eşlerinin histerektomiye ilişkin düşünceleri incelendiğinde; eşlerinin ölebileceği düşüncelerine dair korkularının üstesinden gelme, ameliyat sonrası dönem için eşlerini cesaretlendirme ve ev işlerinde daha fazla sorumluluk alma gibi olumlu düşünceleri vardır. Eşlerin olumsuz düşünceleri; kadınların uterusunu kaybettiği için artık işe yaramadıklarını, yetersiz olduklarını düşünmelerine neden olmakta ve bu durum partnerleri ile aralarında sorunlara yol açabilmektedir. Literatüre bakıldığında histerektomi hakkında kadın ve eşlerinin bilgi ve düşüncelerinin çalışıldığı araştırmaların sınırlı olduğu belirlenmiştir. Kadın ve eşlerinin histerektomi hakkındaki bilgilerinin değişikliği gösterdiği ve ameliyat ile ilgili bilgilerinde eksikliğin olduğu saptanmıştır. Sağlık profesyonellerinin özellikle hemşirelerin histerektomi hakkında kadın ve eşlerine bilgi vermeleri ve etkili bir şekilde danışmanlık hizmeti sunmaları son derece önemlidir. Bu araştırmanın amacı kadınlar ve eşlerinin histerektomiye ilişkin bilgi ve düşüncelerini belirlemektir.

Yöntem: Araştırma, tanımlayıcı kesitsel tasarımlı bir çalışma olup, XXX Hastanesi ile YYY Hastanesi'nde histerektomi olacak 215 kadın ve 179 eş ile yapılmıştır. Çalışmada araştırmacılar tarafından literatüre göre hazırlanan soru formu kullanılmıştır. Verilerin analizi tanımlayıcı istatistikler (aritmetik ortalama, minimum-maksimum, standart sapma, sayı ve yüzde), ki-kare testi ve Mann Whitney U testi ile değerlendirilmiştir.

Bulgular: Kadınların yaş ortalaması 49,31±7,33 (min-max: 32-74), eşlerinin yaş ortalaması 52,77±6,24 (min max: 39-70)'dür. Kadınların %86'sı, eşlerinin ise %93,3'ünün ameliyatın adını ve kadınların %66,5'inin, eşlerinin %62'sinin uterusun görevini kısmen bildiği saptanmıştır. Çalışmadaki kadınların %70,2'sinin, eşlerinin %76,5'inin ameliyatın yapılış şeklini bildiği belirlenmiştir. Kadınların %26'sı, eşlerinin %28,5'i ameliyat sonrası ağır işlerden kaçınma süresini bildiği, kadınların %26,5'inin, eşlerinin %25,1'nin ameliyat sonrası cinsel ilişkiden kaçınma süresini bildiği görülmüştür. Kadınların çoğu (%30,4) en önemli kadınlık organının uterus, eşlerinin çoğu ise (%27,5)

vajina olduğunu belirtmiştir. Kadınların histerektomi hakkındaki düşüncelerinin daha olumlu olduğu belirlenmiştir. Eğitim seviyesi yüksek olan ve çalışan kadın ve eşlerinin histerektomiye ilişkin bilgilerinin daha iyi olduğu görülmüştür ($p<0,05$). Kadın ve eşlerinin cinsellik önem puan ortalamaları arasında anlamlı fark bulunmuştur ($U=5958,500$, $p=0,000$). Eşlerin cinsellik önem puan ortalamasının kadınların cinsellik önem puan ortalamasından daha fazla olduğu saptanmıştır.

Sonuç: Kadınların ve eşlerin çoğunun histerektomiye ilişkin doğru bilgilerinin oranları düşüktür. Buna rağmen çalışan ve eğitim seviyesi yüksek olanların bilgilerinin daha iyi olduğu ortaya çıkmıştır. Ayrıca kadınların histerektomiye ilişkin daha olumlu düşüncelere sahip olduğu görülmüştür.

Öneriler: Sağlık profesyonelleri çiftlerin histerektomiye ilişkin bilgi ve düşüncelerini öğrenmeli, bunlara uygun hedefleri planlamalı ve gerekli eğitimleri vermelidir. Histerektomi olmak için hastaneye yatan kadınlara ve eşlerine ameliyat öncesi, ameliyat sırası ve ameliyat sonrası için gerekli eğitimin verilmesi, eğitimlerin kitapçık, broşür gibi materyallerle desteklenmesi önerilmektedir. Kadın ve eşlerinin sosyo-demografik özelliklerine uygun eğitim ve danışmanlık yapılmalıdır. Durumsal düşük benlik saygısı, durumsal düşük benlik saygısı riski, yalnızlık riski, bireysel kimlik (kendilik) tanımında bozulma, rol performansında etkisizlik, sosyal etkileşimde bozulma, sosyal izolasyon, cinsel örüntülerinde etkisizlik gibi histerektomi sonrası kadınların yaşayabileceği problemlere ilişkin hemşirelik tanıları doğrultusunda sağlık bakım hizmeti verilmelidir. Konu ile ilgili farklı örneklem grupları ve farklı bölgelerde çalışmaların yapılması önerilmektedir.

INTRODUCTION

Hysterectomy, removal of the uterus, is the most frequently performed major surgery for dysfunctional uterine hemorrhage, endometriosis, pelvic inflammatory disease, pelvic pain and gynecological cancers. Depending on the surgical site, it is divided into three: abdominal, vaginal and laparoscopic (Demir, 2021; Ekanayake, 2021; Walters & Ferrando, 2022). While some patients have positive thoughts about hysterectomy, others have negative thoughts about it. Some of the women have positive thoughts such as getting rid of bleeding, pain, fear of cancer after hysterectomy, regaining health, and being able to pray more comfortably. Some of the women have negative thoughts such as creating a emptiness after the surgery, losing the most important part of a woman, not being able to make their spouses happy, fearing that she can no longer have children and not being able to do

housework (Reis, 2008; Özdemir & Pasinlioğlu, 2009; Gupte & Nagabhirava, 2019; Erdoğan et al., 2019; Demir, 2021).

Spouses of some women have the belief that they can overcome their fear about the complications their wives may experience and death of their wives, encourage their wives to cope with the postoperative period and help them with the housework (Hoga et al., 2012). However, they have negative thoughts about symptoms and changes in sexuality likely to appear in the postoperative period. After hysterectomy, women think that their sexual desire will decrease. Concerns about the negative reactions of the spouse to the hysterectomy may cause women to move away from their spouses to solve the problem, to avoid the relationship with the spouse and sometimes to allow the spouse to remarry (Shirinkam et al., 2018; Roudi et al., 2019). Missing/wrong information and negative thoughts about hysterectomy can cause anxiety for women and their spouses. Therefore, in our study, it was aimed to determine the knowledge and thoughts of women and their spouses about hysterectomy. It is thought that the research is important in terms of guiding health professionals, raising awareness and shedding light on the studies to be done on this subject.

Research Questions

- What are the knowledge and thoughts of women about hysterectomy?
- What are the knowledge and thoughts of spouses about hysterectomy?
- What are the factors affecting the knowledge and thoughts of women about hysterectomy?
- What are the factors affecting the knowledge and thoughts of spouses about hysterectomy?

MATERIAL AND METHOD

Design and Setting

This study used a descriptive cross-sectional design. The known universe sampling method was used to calculate the sample of the study, and the G power method was used to determine the power of the sample. According to the study of Özdemir and Pasinlioğlu, the rate of positive opinion of women regarding hysterectomy was 47% ($p= 0.470$), with 95% probability ($\alpha=0.05$), with $d=0.05$ deviation, $q=0.530$ $t=1.97$, and the sample number was 210 has been determined. Considering the possibility of loss, it is planned to take the sample number as 230 by adding 10%. Random sampling method, one of the non-probability sampling methods, was used to select the participants for the research sample. The sample consisted of 215 women and 179 spouses who had hysterectomy surgery at in a state hospital and a

university hospital in Aydın between October 2016 and April 2017

Inclusion criteria in the study

- Hysterectomy decision was taken,
- Having spouses,
- 18 years and older,
- Women who can speak and understand Turkish and their spouses are included.

Exclusion criteria in the study

- Diagnosed with a psychiatric illness,
- Women who have difficulties in communicating and their spouses are not included.

Data collection

Data collection was performed by using a questionnaire created by the researcher in light of the literature (Fram et al., 2013; Bolsoy et al., 2014; Solbrække et al., 2015). The study was performed on women and their spouses who were hospitalized due to hysterectomy in the gynecology service of the hospitals before the operation. Those whose spouses were not with them were interviewed when they came for a post-operative visit. The part of the questionnaire about women was composed of questions about socio-demographic and obstetric features and thoughts and knowledge about hysterectomy. The part of the questionnaire about the women's spouses included questions about socio-demographic features and thoughts and knowledge about hysterectomy. For the questionnaire prepared by the researcher in line with the literature, the necessary arrangements were made by taking expert opinions from 5 faculty members working in the field of Gynecology and Gynecology Nursing at Aydın Adnan Menders University. The hospital records were utilized to check whether the responses of both the women and their spouses to open-ended questions about the type of surgery in the questionnaire were correct. The following responses to the question about the functions of the uterus were considered as accurate: provision of an environment for a fertilized ovum, supplying nutrition for and protecting the ovum until its becoming an embryo, enabling the fetus and the placenta to leave during delivery and keeping placental muscle contractions and bleeding under control after delivery. The responses giving birth or enabling the fetus to develop were considered partly accurate. The responses avoiding heavy work and sexual intercourse for 6-8 weeks after hysterectomy were considered as accurate, but time other than 6-8 weeks was considered as inaccurate. To assess the importance of sexuality, participants were asked to score from 1 to 10. The questionnaire was completed at face to face interviews with the women and their spouses and it took 15-20 minutes on average. The data collection tool was

piloted on 15 women and their spouses to improve its understandability and applicability. The results of piloting did not require making any changes. The women and their spouses participating in the piloting were not included into the study.

Data Analysis

Data were analyzed by using Predictive Analytics Software Statistics 18.0 (IBM PASW statistics 18) and with descriptive statistics (arithmetic mean, minimum-maximum, standard deviation, number and percentage), Chi-square test and Mann-Whitney U test. $p < 0.05$ was accepted as significant. Mann-Whitney U test were used to compare continuous variables without normal distribution, and the χ^2 test was used for categorical variables. In order to test whether the sample distribution is normal, Kolmogorov Smirnov test was used to test the normality assumption.

Ethical Approval

This study conformed to the ethical guidelines of the Declaration of Helsinki, and official permission to undertake. Permission was obtained from the Aydın Adnan Menderes University Faculty of Medicine Non-Invasive Clinical Research Ethics Committee for the study (Date: 26.08.2016 Number: 53043469-050.04.04). Written permission was obtained on October 7, 2016 for the study to be conducted at university hospital and on October 17, 2016 for the study to be conducted at state hospital. Final approval was given to the research protocol by Aydın Adnan Menderes Faculty of Medicine Non-Invasive Clinical Research Ethics Committee (Date: 26.12.2017 Number: 53043469-050.04.04 33). In addition, all participants gave their verbal consent to take part in the study.

RESULTS

The mean age of the women was 49.31 ± 7.33 years (range: 32-74 years) and the mean age of their spouses was 52.77 ± 6.24 years (range: 39-70 years). Sixty-three-point three percent of the women and 43.6% of their spouses were literate or primary school graduates. Twenty-seven percent of the women had a job providing an income and 30.2% of the spouses were workers. It was seen that 39.1% of the women stated that they lived in the town for the longest time and 35.2% of the spouses stated that they lived in the village. Sixty-nine-point three percent of the women had an income equal to their expenses, 41.9% of the women had a chronic disease and 62.8% of the women weren't experiencing menopause (Table 1). Eighty-six percent of the women and 93.3% of the spouses knew the name of the operation and 66.5% of the women and 62% of the spouses partly knew the functions of the uterus. It was determined that 70.2% of the women in the study and 76.5% of their spouses knew how the

surgery was performed. When asked whether the operation would cause a non-menopausal woman to enter menopause, it was seen that 72.2% of the women and 64.3% of the spouses gave the correct answer. Seventy-four percent of the women and 71.5% of the spouses did not know duration of avoiding heavy work and 73.5% of the women and 74.9% of the spouses did not know duration of avoiding sexual intercourse. Sixty-nine-point eight percent of the women and 69.3% of the spouses received knowledge about the operation 50.3% of the women and 61% of the spouses received that knowledge from a doctor. Seventy-six-point four percent of the women and 60.5% of the spouses found the knowledge they received sufficient. All the women and 98.3% of the spouses wanted to get knowledge about the operation. Forty-four-point two percent of the women and 31.7% of the spouses wanted to get knowledge about what should be taken care of after the operation (Table 2).

Thirty-point four percent of the women and 27.5% of the spouses reported that the most important organ of a woman is the uterus and the vagina respectively. Thirty-nine of the women and 45.2% of the spouses reported that having the uterus meant giving birth. When the women were asked how they would feel after the operation, 42.1% of the women reported that their bleeding, pain and other complaints would disappear. Fifteen-point-eight percent of the women reported that they would become a disabled person. Nineteen percent of the women said there would be no change in their lives. Sixty-point five percent of the women had the fear of the operation, but 53.6% of the spouses did not have that fear. Thirty-seven-point five percent of the women and 50.8% of the spouses reported to be afraid of the operation due to medical causes. It was observed that 46% of the women and 46.9% of their spouses stated that their sexual life would not be affected by the operation. Most of the women and the spouses reported that they could talk to each other about sexuality (Table 3).

As shown in Table 4, there was a significant difference in the mean scores for importance of sexuality between the women and the spouses ($U=5958.500$, $p=0.000$). The spouses had a significantly higher mean score for importance of sexuality (Table 4).

Table 1: Descriptive Characteristics of the Women and their Spouses

	Women (n=215)		Spouses (n=179)	
	Mean	SD (range)	Mean	SD (range)
Age	49.31	± 7.33 (32-74)	52.77	±6.24(39-70)
	n	%	n	%
Age Group				
49 years old and younger	119	55.3		
50 years old and older	96	44.7		
Age Group				
52 years old and younger			95	53.1
53 years old and older			84	46.9
Education Status				
Illiterate	29	13.5	1	0.6
Literate/Primary school	136	63.3	78	43.6
Secondary school	14	6.5	55	30.7
High school	16	7.4	22	12.3
University and higher education level	20	9.3	23	12.8
Employment Status				
Yes	58	27.0		
No	157	73.0		
Place where the participants lived for the longest period of time				
City	71	33.0	62	34.6
Town	84	39.1	54	30.2
Village	56	26.0	63	35.2
Small town	4	1.9		
Occupation				
Government officers			41	22.9
Workers			54	30.2
Retired			38	21.2
Having one's own business			46	25.7
Income				
Lower than expenses	50	23.3		
Equal to expenses	149	69.3		
Higher than expenses	16	7.4		
Presence of chronic diseases				
Yes	90	41.9		
No	125	58.1		
Presence of menopause				
Yes	80	37.2		
No	135	62.8		

SD, standart deviation

Table 2: Knowledge of the Women and their Spouses about Hysterectomy

Knowledge status	Women (n=215)		Spouses (n=179)	
	n	%	n	%
The type of surgery to be performed				
Know	185	86.0	167	93.3
Don't know	30	14.0	12	6.7
Functions of the uterus				
Know	24	11.2	6	3.4
Don't know	48	22.3	62	34.6
Partly know	143	66.5	111	62.0
The way to perform the operation				
Know	151	70.2	137	76.5
Don't know	64	29.8	42	23.5
Whether the operation causes menopause				
Know	166	72.2	115	64.3
Don't know	49	22.8	64	35.7
Duration of avoiding heavy work				
Know	56	26.0	51	28.5
Don't know/ Wrong information	159	74.0	128	71.5
Duration of avoiding sexual intercourse				
Know	57	26.5	45	25.1
Don't know/ wrong information	158	73.5	134	74.9
Receiving information about the operation				
Yes	150	69.8	124	69.3
No	65	30.2	55	30.7
Sources of information about the operation *				
Doctor	136	50.3	120	61.0
Nurse/midwife	68	25.1	43	21.9
Women having the operation previously	24	9.0	25	12.5
Friends	21	7.8	8	4.1
TV, newspapers, magazines, internet	21	7.8	1	0.5
Finding the received information sufficient				
Yes	110	76.4	75	60.5
No	40	23.6	49	39.5
Whether health professionals should give information about the operation				
Yes	215	100	176	98.3
No	0	0.0	3	1.7
Subjects about which the participants wanted to get knowledge *				
What should be taken care of after the operation	145	44.2	112	31.7
How the operation will be performed	89	27.1	79	22.3
Complications of the operation	52	15.9	65	18.4
Time to start sexual relationship	22	6.7	37	10.4
Time to recover from anesthesia	20	6.1	48	13.8
What should be taken care of before the operation			12	3.4

*More than one alternative was marked. Percentages were determined based on total "n".

Table 3: Thoughts of the Women and Their Spouses about Hysterectomy

	Women		Spouses	
	n	%	n	%
The most important organ of a woman*				
Uterus	170	30.4	139	23.7
Breasts	150	26.8	156	26.5
Vagina	129	23.0	162	27.5
Ovaries	110	19.8	131	22.3
The meaning of having the uterus *				
To give birth	186	39.0	157	45.2
To be healthy	135	28.3	87	25.0
To have periods	121	25.4	55	15.8
To have a sexual relationship	34	7.3	48	14.0
Thoughts about the postoperative period *				
My complaints will be over.	126	42.1		
No change will occur in my life.	57	19.0		
I will become a disabled person.	47	15.8		
I will have a poor sexual life.	27	9.0		
I will have a good sexual life.	24	8.0		
I will have more illnesses.	11	3.7		
I will feel worse due to menopause.	4	1.3		
My inability to give birth will make me upset.	3	1.1		
Having a fear about the operation				
Yes	130	60.5	83	46.4
No	85	39.5	96	53.6
Reasons for the fear about the operation *				
Medical causes	88	37.5	82	50.8
Fear of anesthesia	67	28.5	40	24.5
Loss of womanhood/fertility/an organ	51	21.6	23	14.3
Changes in spouses' attitudes	18	7.7	5	3.0
Fear of death	11	4.7	12	7.4
Whether the operation will affect sexuality				
Yes	58	27.0	54	30.2
No	99	46.0	84	46.9
Don't know	58	27.0	41	22.9
Able to talk about sexuality with the spouse				
Yes	168	78.1	158	88.3
No	47	21.9	21	11.7

*More than one alternative was marked. Percentages were determined based on total "n".

Table 4: Comparison of the Mean Scores for Importance of Sexuality between the Women and the Spouses

Variables	Women	Spouses	U	p
	Mean±SD	Mean±SD		
Mean Score for Importance of Sexuality	6.10 ±2.48	8.23±1.77	5958.500	0.000

SD: Standard Deviation; U: Mann Whitney U-test; p: Level of significance.

When the factors affecting the knowledge and thoughts of women and their spouses about hysterectomy are examined; statistically significant results were found ($p < 0.05$). It was determined that the education level of the women affected the knowledge of which surgery to be performed. It was determined that the rate of

knowing which surgery to be performed by illiterate women is lower than other education levels. It was determined that the education level of the women affected the knowledge of which surgery to be performed. It has been determined that age, education and working status affect knowing the function of the uterus in women. It

was determined that the rate of knowing the function of the uterus in women whose age group is 49 years and below is higher than that of women in other age groups. It has been determined that illiterate women do not fully know the function of the uterus. It has been observed that working women are more likely to know the function of the uterus. Education and occupation of the spouse and the place where they lived the longest affected the knowledge about the function of the uterus. It was observed that the self-employed spouses who lived in the village for the longest time were more likely to not know the function of the uterus. The spouses graduating from high school and having a higher level of education more knew the function of the uterus. A higher rate of the spouses having their self-employed and those living in a village did not know the function of the uterus. There was a significant difference in education and employment status of the women and their idea that the operation affects sexuality. It was observed that women with secondary education and above and spouses with high school or higher education level had a lower opinion that surgery affects sexuality. It was determined that women who were not working were more likely to think that the surgery would affect their sexuality.

DISCUSSION

In the study, most of the women and their spouses stated that they received information about hysterectomy and found this information sufficient. However, it was revealed that the percentage of correct answers to knowledge questions from the collected data was low.

Most of the women and their spouses knew what surgery would be performed and how it would be carried out. Similarly, in Can and Bilgili's study (2019), the women were aware of what operation they would have and how it would be performed (Can & Bilgili, 2019). Lonnee Hoffman et al. (2006) also reported that spouses of the women had knowledge about the type of surgery (Lonnee Hoffman et al., 2006). It is an expected normal result that the doctor and other healthcare team members informed the women and their spouses about the operation to be performed and the type of operation. In the current study, most of the women and their spouses were found to have partial knowledge about functions of the uterus.

Incomplete knowledge about roles of the uterus suggested that both the women and their spouses had insufficient knowledge of the reproductive organs.

When asked whether the surgery would cause a non-menopausal woman to enter menopause, it was seen that both women and most of their spouses gave the correct answer. It may be that they were provided with this knowledge by doctors. However, most of the women and their spouses did not know how long heavy work should be avoided. Likewise, the women in Can and Bilgili's study (2019) had no idea about the duration of avoiding heavy work (Can & Bilgili, 2019). The evidence from the present study suggests that spouses should also be knowledgeable about this issue since they need to provide support for the women after surgery.

In the current study, most of the women and their spouses were not aware of the duration of avoiding sexual intercourse after hysterectomy. Can and Bilgili (2019), Gerçek et al. (2016) and Bolsoy et al. (2014), revealed women's lack of knowledge about this issue, too (Can & Bilgili, 2019; Gerçek et al., 2016; Bolsoy et al., 2014). The fact that the rate of knowing the duration of abstinence from sexual intercourse after surgery was very low in this study suggested that they received insufficient counseling on this issue.

In the present study, most of the women and their spouses reported to get information about hysterectomy, which is consistent with the results of several studies (Bolsoy et al., 2014; Yılmaz, 2019; Elgi & Viswanath, 2019). In the present research, most of the women and spouses were found to get information about hysterectomy from doctors. Similarly, in studies by Bolsoy et al. (2014), Janda et al. (2018) and Yılmaz (2019) most of the women were reported to receive this information from doctors (Bolsoy et al., 2014; Janda et al., 2018; Yılmaz, 2019). The finding that most of the women and their spouses were informed about hysterectomy by doctors can be explained by the fact that the operation was performed by doctors. Also, it may be that patients and their spouses trust doctors more or that nurses may refer them to doctors when they ask for information. Most of the women and their spouses also found the information they were given about hysterectomy sufficient. Likewise, Bolsoy et al. (2014) noted that most of the women found the

given information adequate (Bolsoy et al., 2014). The fact that women and their spouses did not focus on the post-surgery situations and focused only on the moment of surgery may have been effective in finding the information given sufficient.

All of the women in the study and most of their spouses stated that they should be informed about the surgery by the health personnel. Insufficient knowledge of women and their spouses and the fact that they have questions may be effective in thinking about the necessity of providing information about the surgery. The women and their spouses mostly wanted to get information about the issues to be considered after the surgery. It is important to determine the subjects that the women and their spouses want to learn before the operation and to provide the necessary information in order for the operation process to be positive. Although the women had both positive and negative thoughts about hysterectomy, their spouses had only a positive attitude towards it.

In this study, most of the women reported that the most important female organ was the uterus. Congruent with this finding, in study Kantar and Sevil, the most significant female organ was the uterus for most of the women (Kantar & Sevil, 2004). In the present study, the spouses thought that vagina was the most important female organ. It may be because the spouses gave more importance to sexuality. The women and their spouses most frequently reported that having the uterus meant giving birth, which is consistent with the results of the study by Yang et al. (2006). These findings can be explained by the fact that the most important female role assigned by the society to women is to give birth.

Most of the women in the present study noted that hysterectomy would have a positive influence since it would eliminate their complaints such as bleeding and pain. In studies by Reis et al. (2008), Özdemir and Pasinlioğlu (2009) the women were reported to have a positive attitude to the operation as it would help them to get rid of symptoms like bleeding and pain (Reis et al., 2008; Özdemir & Pasinlioğlu, 2009). The idea of getting rid of these symptoms is of importance in that it might have helped the patients to develop a positive attitude towards hysterectomy. However, the women also had a negative attitude towards hysterectomy. In fact, they most frequently reported that the

operation might cause them to become disabled. Similarly, in study by Kantar and Sevil (2004) the participants reported that they might lose their femininity, feel something like emptiness in their body and that their sexual life might be affected negatively after the operation (Kantar & Sevil, 2004). The negative thoughts of women might have resulted from their insufficient information about reproductive organs and roles and responsibilities imposed by the society.

In the present study, most of the women were afraid of the operation while their spouses were not. The most frequent factor of this fear was medical causes. In a study by Fram et al. (2013), the women were most frequently afraid of a possibility of decreased sexual power, but medical causes did not create much fear (Fram et al., 2013). The main reason for these fears and anxiety might be that their information needs were not met completely. The finding that the spouses were not afraid of the operation is of significance in that they can provide better support for the women.

Most of the women reported that they could talk to their spouses about sexuality and that the operation would not affect it. These attitudes of the women and their spouses to sexuality can be affected by their marital relationships, cultural and social factors, hysterectomy related knowledge and thoughts. The women's ability to talk to their spouses about sexuality is important in that it can have a positive effect on their sexual relationship after the operation. The spouses got a significantly higher score for importance of sexuality than the women. The women's having a disease, undergoing an operation and having insufficient knowledge and negative thoughts about the operation might have played a role in their lower score for importance of sexuality. In this study, the women's having a higher level of education had a positive influence on their knowledge about what type of surgery they would have. A higher rate of the women knew the functions of the uterus. This might have been affected by the fact that the young women did not experience menopause and still had reproductivity. As the level of education of the women and their spouses increased, so did the rate of knowing functions of the uterus. This knowledge can play an important part in facilitation of adaptation to the postoperative period. Employment also had a positive influence on both the women and their spouses' knowledge

of uterine functions. In addition, a higher rate of the spouses who lived in a city or a town for the longest period of time in their life had knowledge of uterine functions. Living in a city or a town might have facilitated access to health care services and knowledge. The women and the spouses who were just literate or graduated from primary school thought that hysterectomy might affect sexuality. Low education levels seem to cause both the patients and their spouses to think the operation can affect sexuality.

Limitations of the Study

Since the questionnaire used to collect data was completed by the participants at face to face interviews, reliability of the data might have been restricted by accuracy of the responses given. In addition, data were gathered before the operation. If the questionnaire had been fulfilled after the operation, the participants might have supplied different responses.

CONCLUSION

Most women and spouses have low rates of accurate information about hysterectomy. Despite this, it has been revealed that the knowledge of those who are working and have a higher education level is better. It was also observed that women had more positive thoughts about hysterectomy. A higher rate of the spouses found sexuality important compared to the women. It is important that women admitted to hospital for hysterectomy and their families should be provided information about reproductive organs by using pictures and videos and that their wrong information should be corrected. Health professionals should learn the knowledge and thoughts of couples about hysterectomy, plan appropriate goals and provide necessary training. It can be recommended that further studies about importance of education offered to women prior to hysterectomy and expectations of these women from nurses should be conducted. The study data will be a source for studies that can be done in different sample groups and different regions on the subject and will contribute to scientific knowledge.

Ethics Committee Approval: This study conformed to the ethical guidelines of the Declaration of Helsinki, and official permission to undertake. Permission was obtained from the Aydın Adnan Menderes University Faculty of Medicine Non-Invasive Clinical Research Ethics Committee for the study (Date: 26.08.2016 Number: 53043469-050.04.04). Written permission was obtained on October 7, 2016 for the study to be conducted at university hospital and on October 17, 2016 for the study to be conducted at state hospital. Final approval was given to the research protocol by Aydın Adnan Menders Faculty of Medicine Non-Invasive Clinical Research Ethics Committee (Date: 26.12.2017 Number: 53043469-050.04.04 33). In addition, all participants gave their verbal consent to take part in the study.

AuthorContributions:

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