



My Husband is My Strength: A Phenomenological Study of Women After Hysterectomy

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ABSTRACT

Post-hysterectomy women consider hysterectomy as the loss of femininity which significantly impacts the psychological state of the convalescent. The support and motivation from the family, especially the husband tend to affect the wife's life quality and self-confidence after a hysterectomy. Therefore, this study aims to explore the psychological experiences of post-hysterectomy women in terms of support from their husbands using a qualitative method with a phenomenological approach. The participants were selected through the purposive sampling method with inclusion criteria: (1) Women with the history of hysterectomy, (2) Those at productive age (15-64 years old), and (3) Post-hysterectomy respondents living with their husbands. The data were obtained from in-depth interviews with 6 post-hysterectomy participants, and the analysis was carried out using the Interpretative Phenomenological Analysis Technique. The four themes used were: 1) Fear of being abandoned before the procedure, (2) My husband is my strength, (3) I feel the love of my spouse, (4) Thanks for accompanying me, (5) Accepting what has happened, (6) I wish we always be together, healthy, and happy. The support in the form of providing motivation, encouragement, and affection for post-hysterectomy women strengthens and improve life quality. In conclusion, with partner support, women feel the affection and love, which relatively increase happiness within the family.

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ABSTRAK

Wanita paska histerektomi menganggap histerektomi sama dengan kehilangan kewanitaan yang berdampak pada aspek psikologis. Dukungan dari suami akan berpengaruh terhadap peningkatan kualitas hidup wanita paska histerektomi. Dukungan dan motivasi dari keluarga khususnya suami akan mempengaruhi kepercayaan diri wanita. Penelitian ini bertujuan untuk mengeksplorasi pengalaman psikologis yang dialami oleh wanita paska histerektomi dilihat dari aspek dukungan dari suami menggunakan metode kualitatif dengan pendekatan fenomenologi. Partisipan dalam penelitian ini dipilih dengan metode purposive sampling dengan kriteria inklusi: (1) Wanita yang telah menjalani histerektomi, (2) Wanita usia produktif (15-64 tahun), dan (3) Wanita pascahisterektomi yang masih memiliki suami. Data didapat dari proses wawancara mendalam kepada 6 partisipan pascahisterektomi. Selanjutnya analisis data menggunakan teknik Interpretative Phenomenological Analysis Terdapat 4 tema yang ditemukan pada penelitian ini yaitu; 1) Takut ditinggalkan sebelum prosedur, (2) Suami adalah kekuatan saya, (3) Saya merasakan cinta pasangan saya, (4) Terima kasih telah menemani saya, (5) Menerima apa yang telah terjadi, (6) Saya semoga kita selalu bersama, sehat, dan bahagia. Dukungan berupa pemberian motivasi, pemberian semangat, dan juga sebagai penghibur bagi wanita pascahisterektomi akan menjadikan

kekuatan tersendiri bagi wanita pascahisterekтоми. Dapat disimpulkan bahwa dengan dukungan dari pasangan, wanita akan merasakan kasih sayang dan merasa dicintai oleh pasangan. Perasaan dicintai akan meningkatkan kebahagiaan bersama keluarga.

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INTRODUCTION

Hysterectomy is a surgical procedure which involves the removal of the uterus, and most likely, the ovaries, cervix, and fallopian tube either partially or completely, through an incision in the lower abdomen. The indications for this clinical procedure include: vaginal complaints, such as bleeding in the birth canal, irregular menstruation, discharge, and abdominal pain (Baral *et al.*, 2017). Approximately, 33% of women are estimated to have a hysterectomy at the age of 40 - 49 years, and it is estimated that more than 600,000 procedures are performed annually. In the United States, hysterectomy is the most recommended choice for the treatment of gynecological or reproductive disease conditions (Obermair *et al.*, 2020).

Pilli *et al.* (2020) showed that the procedure has an impact on women's psychology. Postoperatively, most of them consider hysterectomy as losing womanhood, with the perspective that the uterus is a symbol of femininity. They have the impression that their bodies are not intact and feel incompleteness due to the loss of organs, but their lives are at higher risk without consenting to hysterectomy (Bossick *et al.*, 2018). They feel disturbed in their sexual life due to the unpleasant pain experienced during intercourse and decreased coition desire. This has an impact on the belief that their partner are no longer attracted to them, leading to interpersonal problems (Malyam *et al.*, 2018; Schmidt *et al.*, 2019). Reducing inappropriate sexual conduct will harm the couple's relationship and may result in divorce. Women believe they cannot meet their husband's sexual requirements because they lack a sign of sexuality and fertility. As a result, women think their spouses will no longer appreciate them, and they will lose their beauty as a woman (Tabong, 2013).

Currently, the management method for post-hysterectomy patients or other post-surgical disorders frequently focuses solely on physical health. However, issues regarding assessing and managing psychological aspects of post-hysterectomy have not been implemented efficiently. Gercek *et al.* (2016) claim that the demand for post-hysterectomy psychological education has not been fully satisfied, including the post-hysterectomy psychological assessment. This is what may ultimately cause a detrimental effect on women's psychology to develop. Women believe that having a hysterectomy will cause them to lose confidence, self-esteem as a woman, attractiveness, and social lives (Alshawish *et al.*, 2020). This condition increases the likelihood of body image problems, feelings of helplessness, and other negative emotions. Women who have undergone a hysterectomy will feel helpless and discouraged. This psychological issue will increase the risk of depression, which will impact life and relationships with others, as well as the surroundings. As a result, women require psychological support from husbands in the family. Post-hysterectomy women will find solace in their husband's need for support and attention (Silva & Vargens, 2016; Goudarzi *et al.*, 2021). Social support and motivation from

families, especially the husbands greatly affect the life quality and self-confidence of women after a hysterectomy (Selcuk *et al.*, 2016). They are also able to literally determine their life goals, behave and think positively (Theunissen *et al.*, 2017). Meanwhile, post-hysterectomy women who do not receive support tend to have difficulties in maintaining relationships with their partners, starting a new life, attempting opportunities, and feel failed and helpless (Bougie *et al.*, 2020).

According to a preliminary study on people who had hysterectomies, they had been dealing with abdominal pain and bleeding for six months before the procedure. The patients were diagnosed with ovarian cysts, and the recommended therapy was hysterectomy because other treatments had failed to provide results. Before the hysterectomy, one of the patients expresses fear, grief, and even requests for a divorce since she believes she has lost her passion for being a woman and her will to live. She also became more silent, cry for no apparent reason, and locked herself in her room more frequently. Conditions like this necessitate patient undergo a mental health assessment at the hospital's mental health clinic. She was then diagnosed with a depressive illness and had been on medication for around two months. The patient tried to get up and assume that this was God's destiny because of the results of treatment and the support of their first kid and their husbands. Psychological phenomena in post-hysterectomy women must be investigated, particularly in women still of reproductive age and who desire to have children. This is also because psychological difficulties are often overlooked, and even post-hysterectomy women are hesitant to confess their issues. Based on this background, phenomena related to husbands' support need to be followed up, which tends to greatly improve life quality. Therefore, this study aims to explore a psychological phenomenon experienced by post-hysterectomy women in terms of social support, especially from their husbands, using a qualitative method with a phenomenological approach.

METHOD

An interpretive phenomenological approach was used with a total of 6 post-hysterectomy female participants (P1-P6). The respondents were selected through purposive sampling method with inclusion criteria: (1) Women who have undergone a hysterectomy, (2) Those at productive age (15-64 years old) and (3) Post-hysterectomy participants living with their husbands and are undergoing routine treatment at the hospital. The data collection method used was in-depth interviews with semi-structured guidelines. Semi-structured interviews are a category of in-depth interviews to get issues more openly by asking participants' opinions and ideas. The interview lasted 40-60 minutes, and one participant took about 90 minutes. The interviews were held in the hospital consultation room or at each

participant's home. P1 and P4 are open to having interviews in the hospital consultation room. Meanwhile, P2, P5, and P6 agreed to let the interviews take place at each participant's home. Furthermore, P3 only intended to conduct interviews over the phone because doing so at the hospital would interfere with other activities. She was unwilling to do it at home because her husband worked outside the city, preventing the participants from receiving male guests.

Several components contribute to the data's validity: 1) Credibility is gained by the researcher establishing communication and building relationships by communicating or taking anamnesis relating to the conditions faced by the participants before data collection. The researcher also assisted in each participant's registration and examination queue processes, 2) Dependability: The track record of research conducted during interviews demonstrates dependability through data reliability. Field notes, audio recordings, and photographs of activities were acquired as data reliability, 3) Confirmability was established by the researcher re-confirming each answer from the subjects deemed significant. This is done to assess the participants' objectivity. The researcher further confirmed her findings by rereading the verbatim transcript results and listening to the audio recordings once more, and 4) Transferability is achieved by researchers attempting to provide data analysis outcomes in language that others can understand and present the data interpretation results. The data analysis technique used in this study is Interpretative Phenomenological Analysis (IPA), which consists of: 1) Reading and Re-Reading, 2) Initial Noting, 3) Developing Emergent Themes, 4) Searching for connections a cross emergent themes, 5) Moving to the following cases, and 6) Looking for patterns across issues (Engward & Goldspink, 2020). Before the commencement of the study, all participants consented and were aware of the objectives, benefits, and side effects. All interviews were recorded as approved by the participants. This study was conducted after obtaining ethical approval from the hospital which is also the study site. This study intends to investigate the psychological meaning of post-hysterectomy women; the following is an interview guide:

1. What motivated you to get the uterus removed?
2. What do you think once your uterus is removed?
3. How are you feeling now that your uterus has been removed?
4. What behavioral changes have you experienced since your uterus was removed?
5. How has the husband's assistance been received?
6. What are your plans?

RESULTS AND DISCUSSION

This study included six post-hysterectomy female volunteers aged 31 to 50 years. Each participant's jobs are housewives, private employees, and farmers, with 1 participant having a junior high school education, 4 having a high school education, and 1 having a diploma degree. Growing uterine fibroids cause the majority of hysterectomies, and more than two grow on the uterine organs. This study discovered four themes that were consistent with the research objectives after examining the data, including: (1) Fear of being abandoned before the procedure, (2) My husband is my strength, (3) I feel the love of my spouse, (4) Thanks for accompanying me, (5)

Accepting what has happened, (6) I wish we always be together, healthy, and happy.

Theme 1: Fear of being abandoned before the procedure

The theme of "*Fear of being abandoned before the procedure*" is illustrated in the two subthemes developed. The first sub-theme is *believing that you cannot please your husband*. Participants believed that after a hysterectomy, women would no longer be able to please their husbands. This statement corresponds to the participant's expression, which is as follows:

"I even thought I couldn't make my spouse happy anymore..."(P1)

"You think you even go to the home, they say you can't physically do it, what's the name, you serve your husband, so your head is confused, at first you think like that..."(P2)

"If people don't have a pregnancy, they usually don't want it anymore, simply for marriage, they can't do anything else, what else... my spouse must have left..."(P4)

The next sub-theme is the possibility that the husband will remarry. Participants are concerned that their husband may remarry and seek another lady who is still normal and has a uterus one day. According to the participant's statement:

"If my husband has to marry again, I will allow him to marry..."(P4)

"Worried that her husband would find a woman with a womb..."(P2)

"It's merely old; if you want to, please, marry again." I'm liable for the consequences, and I'm doing it for the sake of my children..."(P5)

Participants feel and have established negative attitudes that they are destined to fail to become women and will continually criticize themselves. This self-criticism is considered a technique to improve oneself, yet it will ultimately demoralize oneself. Self-criticism can help people learn from mistakes and overcome flaws or undesirable behaviors (Joeng and Turner, 2015). Goudarzi et al. (2022) found women believe that the loss of the uterus will make them feel deprived, causing them to be concerned about their marital connection. The partner's reaction to their illness is the source of concern. As a result, they tend to lock themselves off from discussing personal issues with their spouses. Another fear women have after having a hysterectomy is that their husband's adverse reaction to the procedure drives them to withdraw from their partners and try to address their problems independently. Women find it challenging to continue a connection with their spouse and usually allow it if the partner wishes to marry another woman (Shirinkam et al., 2018).

Theme 2: My husband is my strength

The theme of "*My husband is my strength*" is illustrated by the 3 sub-themes developed. The first is *the husband as a motivator* who concede strong encouragement enabling their wives to recover quickly and forget their unpleasant experiences. The second sub-theme is a *husband as an encouragement*. According to the context of this study, the husband encourages, meaning that they provide psychological support and affection. The third is a *husband as an entertainer* who creates a lively and exciting environment enabling the partner to forget their problem for a moment. This is consistent with a quote from one of the participants, who stated:

"My spouse always strengthens me "that's okay, you don't have to think about it, this is the way it is..." (P1)

"What are you terrified of?" It's a positive thing because you can pray and fast without interruption because of your period." It calms you down...if your husband supports it..." (P2)

"My spouse also replied, 'Yes, it's okay, I used to want to have children, but in the end, you didn't want to, but that's okay, it's important to be happy and healthy...' (P6)

The following sub-theme is a husband as an encourager. "Spirit" refers to the life force that animates all living things. According to the context of this study, the husband provides encouragement, which means that the husband offers support that can calm the participant's soul. Participants receive psychological support that can help them relax. This is consistent with the participant's statement:

"But my husband always offers me support, mas, he said... it's okay, ma'am, the most important thing is that you are healthy..." (P4)

"My husband is similarly like this, encouraging me to "focus about the good, the cheerful, and the positive, not the useless, the sad-sad, and the bad..." (P6)

"He can motivate and offer guidance every day..." (P1)

The following subtheme is the husband as an entertainer. One who entertains is referred to as an entertainer. In this setting, the husband is constantly amusing so that people feel they may temporarily forget about the difficulty. Humor from the husband enriches the marriage since the couple's common features can increase the romantic bond. Humor can also help a couple's bond by fostering solidarity. Some couples use sexual comedy to amuse each other. Humor can also be utilized to alleviate worry and bad thoughts, as well as to prevent burdening severe problems (Weisfeld *et al.*, 2011).

"Yes, sir, his father regularly makes jokes, so when he is anxious, his father often makes jokes, so he jokes (laughs), and the stress goes away," one participant said. (P5)

"Now, when my husband comes home and sees that I have a lot on my mind, he must suggest "let's go for a walk"...that must be it..." (P6)

"My hubby can tell I'm stressed because I'm quiet. Yes, he'll come back to tease me and make me laugh again..." (P1)

Husband as a reinforcement in the family is interpreted as social support for improving life quality, hence post-hysterectomy women experiencing a deteriorating condition feel relieved. Support in the form of motivation and enthusiasm also increase self-confidence. In line with this theme, Goudarzi *et al.* (2022) showed that most post-hysterectomy women experience fear and helplessness, prompting them to find strength and protection. Support and assistance from a partner increases the emotional direction for better ambitions, augment coition relationship, and reduce psychological problems (Askew & Zam, 2013). Social support provides comfort, listening, material, and practical assistance and promotes positive feelings and relationships. Individuals who provide more outstanding help to others, such as sick spouses, appear to have better physical, emotional, and relational well-being. Supporting a partner can have a positive impact on a person's health. Partner support strengthens closeness, reduces negative influences, and increases relationship happiness (Berli *et al.*, 2021).

Theme 3: I feel the love of my spouse

The theme of "feeling the love of husband" is illustrated in 2 sub-themes that have been adapted to the existing categories, and the first is feeling loved again. Participants felt they had fallen in love again similar to when they first met. The second sub-theme is feeling the love from the husband. The affection, love, and admiration received from their partners were intense after undergoing surgery. Participants reported falling in love again, just as they did when they initially met.

"After the procedure, I was joyful, like people dating, dude, even more so than dating people," one of the participants said. (P6)

"Perhaps it is because of his concern that I feel youthful again..." (P3)

"After receiving an adopted child from that friend, I feel like my husband, and I are pleased, much like we were at the beginning of our marriage..." (P4)

The following sub-theme is feeling loved by your hubby. Affection refers to love and affectionate feelings. A partner's love can boost marital contentment. A partner's perception of affectionate behavior significantly adds to marital happiness. If the partner appreciates the assistance, they are most likely in a mutually responsive relationship (Jelic *et al.*, 2014). Following surgery, the husband receives respect and attention. According to one of the participants:

"...but my husband after the operation was even more attentive, maybe instead there, I think my husband loves it, even more, his attention is different from the previous one..." (P3).

"Because there is already a child (adopted child), perhaps the changes are already present, the attention, the affection, I feel right..." (P4)

"I felt that I was pregnant with a miscarriage, then my second kid just died a few days ago, maybe that's why my spouse offered me more love, I feel that..." (P2)

Support from the husband improves the quality of the couple's relationship. The attention given causes an increase in feelings of love and harmony in the family (Knoll *et al.*, 2015). The attention and support given by the husband make the post-hysterectomy woman fall in love again. The affection given makes them feel happy and comfortable, therefore increasing their self-confidence. This is in line with the study of Borstelmann *et al.* (2015), which stated that women feel loved when they receive support and attention to their problems. A previous study has also indicated that support from a partner, particularly emotional support, can lessen the appearance of partner somatic symptoms. This could happen because their partner expresses appreciation, making them less worried. In addition, it could also imply that the healthy partner is receiving adequate emotional support from his partner (Monin *et al.*, 2017).

Theme 4: Thanks for accompanying me

The theme of thank you for accompanying me is illustrated by the sub-theme that has been adjusted to the category, namely being grateful to God for having a husband who always accompanies. Participants considered that the presence of their partners was a gift from God to alleviate the problems experienced.

This is expressed in one of the participant's expressions, which reads, *"Thank God I was sick but my husband always accompanies me, even if I work in Kalimantan, I will always call, maybe this is a lesson from God, bro, so I can always be grateful..."* (P6)

"However, with the passage of time and patience, Allah still provided me my spouse... he is still with me..." (P4)

"No one knows about God's plan, I'm unwell... but my spouse, who always comes with me, always takes care of me..." (P5)

This theme is described as gratitude to God for the gift of a partner who is willing to accompany and always support in every circumstance, even though the problem faced is the removal of the uterus. God has given not only grace but also a partner. When a partner faces life's challenges, we must regard and treat our spouse as our most important relationship and as a beautiful, wise, and caring gift from God (Schwenk, 2017). Women believe that being unable to give birth means they are unsupportive, because most marriages are supported by childbearing, hence there is a great fear of being abandoned by their partner (Pilli *et al.*, 2020). Meanwhile, the support and attention provided by the husband creates happiness and makes most women to be grateful (Borstelmann *et al.*, 2015).

Theme 5: Accepting what has happened

The theme of accepting what has happened is depicted in the sub-theme of genuinely accepting the impact of having a womb. Sincere implies "truthful." Participants have indeed received all of the circumstances that have occurred to them. This is evident in the participants' emotions, which read, *"At first it was like that, but after a time, Alhamdulillah, I was able to accept this reality..."* (P4).

"It could be that it was not appointed yesterday, but it will be appointed later, right? If it's fate, it will certainly happen..." (P2)

"Let's carry grandson. It's been fun just being thankful..." (P3)

The following sub-theme is giving all to the Almighty. Participants agree to all of the terms and return everything to God. The participants think that God predetermines everything. This is consistent with the participant's statement:

"For me, we (already) did not leave it to God, mas." It's because I am already my destiny in this way..." (P4).

"This agony comes from Allah; perhaps this is me; the answer is to remove my disease with surgery..." (P6).

"Always worship like that, man; you are advised to devote yourself to the one who gives life..." (P1)

The following sub-theme is being thankful for having been given to children. According to the KBBI (2020), gratitude implies "being grateful or giving thanks." Participants expressed appreciation to God for providing them with a child before undergoing uterus surgery.

"Alhamdulillah, God has granted me two children," said one participant..." (P5)

"Only if there's a problem because I already assumed there were two children, a boy and a girl, so I was satisfied..." (P3)

"I've already adopted children, so a lot of patience pays off like that..." (P4)

Participants indicated their desire to be able to continue living and their belief that this disease is a gift from God that must be accepted. According to Goudarzi *et al.* (2022), most women will increase the quality of their spiritual contact with God following hysterectomy by reading the Koran, praying, and participating in other religious activities. This is part of the adaptation technique used by women following hysterectomy. Self-acceptance is a component of self-esteem; feel at ease with yourself, regardless of your problems. Self-acceptance is a crucial trait that post-hysterectomy women must possess since the ability to accept oneself significantly impacts self-confidence in deciding the best course of action for themselves and their relationships (Afiyah *et al.*, 2021).

Theme 6: I wish we always be together, healthy, and happy

The theme of being healthy and happy together forever is depicted in 2 sub-themes that are grouped to the existing categories. The first is *the desire to always be happy with the family*. Participants had expectations that they would always be happy with their children and husbands. The second sub-theme is *hoping to have good health*. Participants also expect to be in healthy condition always after the hysterectomy and not suffer from similar diseases in the future.

This is indicated in the quotations from the participants, which read, *"In fact, my husband and I want to have a plan like that, have dreams to be happy, not like yesterday..."* (P6)

"Yes... What matters is that my family and I are always happy..." (P2)

Hope for health is the following sub-theme. Following the hysterectomy, participants also wish to be healthy forever and avoid contracting similar illnesses in the future.

This is in line with the participant's expression, which reads, *"I hope that I will be healthy shortly, my family is likewise healthy, and I can carry out activities as usual with my family..."* (P5)

"The key thing is that we're all healthy..." (P1)

This theme is described as a desire to be healthy as before and have a happy family with the partner even though they have undergone uterine removal. The hope and expectation serve as motivation to improve self-quality in achieving a life goal. Hope can lead to higher life happiness and favorable physiological improvements. Even pleasant emotions can safeguard a person against disease development. Individuals with high expectations can improve their life satisfaction and quality of life (Schiavon *et al.*, 2022). In line with this theme, Elmir (2014) showed that post-hysterectomy women always expect happiness, liveliness, and enjoy a harmonious life with their family, especially the partner. Individuals with high expectations tend to appreciate life, learn to continually grow, and improve in experience to achieve positive aspirations.

This study demonstrates that the most effective intervention for post-hysterectomy women is to provide health education and support addressing all aspects of hysterectomy. Even before a woman has a hysterectomy, she should be informed about the possibility of developing psychological difficulties such as helplessness, hopelessness, or other indications of depression. The follow-up must increase the psychological skills to grasp the challenges post-hysterectomy women face. As a result, it will impact

women's confidence following hysterectomy. Information on how to manage post-hysterectomy women with diminished sexual needs is also required. Comprehensive nursing care is provided not just to the patient but also to the patient's family, particularly to the spouse. Women will require health education on family and partner support following a hysterectomy to help them accept themselves.

The hospital must have a policy for follow-up psychiatric tests that women must have the following hysterectomy. Because the frequency of depression in post-hysterectomy women is highest in the early stages of surgery, mental health assessments can be one of the hospital programs that can be carried out for post-hysterectomy women during the early phases of surgery.

LIMITATION OF THE STUDY

This study only looked at the psychological elements of women who have had a hysterectomy. However, this study did not look into the experiences of husbands who also felt the influence of hysterectomy.

CONCLUSIONS AND SUGGESTIONS

Post-hysterectomy women are highly susceptible to psychological problems, which become worsen when they are not supported by their husbands. The support provides strength in the form of motivation, encouragement, and also creates a lively environment. With the support of a partner, women feel affection and love, making it easy to adapt to their condition. This gives them confidence, creates new hopes of happiness, and improves the quality of their relationship. The better the support provided by the husband, the stronger the post-hysterectomy woman's self-acceptance. This study focuses on the psychological experiences of post-hysterectomy women in terms of social support, especially from their husbands. Therefore, further study is needed on the experience of women and their partners (husbands) in improving sexual relationships after hysterectomy.

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Ethical Considerations

Ethical clearance was approved by Research Ethics Committee of the Wava Husada Hospital (No. SDN/202204/1176).

Conflict of Interest Statement

The authors state that they have no conflicts of interest.

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