

**“The Effects of Hysterectomy on Body Image, Self-Esteem, and Marital Adjustment in Turkish Women with Gynecologic Cancer”**

**abstract:**

The goal of this study was to compare the impact of hysterectomy on body image, self-esteem, and marital adjustment among Turkish women diagnosed with gynecologic cancer, stratifying the results by age, education, work status, child status, and household income. In this cross-sectional study, one hundred women who had hysterectomies were compared to one hundred women who were not. According to the results of the study, hysterectomy patients have a more negative body image, worse self-esteem, and a more difficult time adjusting to their relationships than do women who have not undergone the procedure. Women with lesser incomes and levels of education were found to be in worse situations in terms of dyadic adjustment and body image after undergoing a hysterectomy. The results of this study reveal that women with gynecologic cancer who get a hysterectomy experience unfavorable changes in their body image, self-esteem, and dyadic adjustment. High-risk women require a nursing assessment of markers of self-esteem and marital adjustment, as well as the adoption of programmers to boost confidence and self-esteem.

**Keywords:** uterus, hysterectomy, body image, self-esteem and self-esteem, marital adjustment, Turkish women, cancer, reproductive system.

**المخلص:**

كان الهدف من هذه الدراسة هو مقارنة تأثير استئصال الرحم على صورة الجسم، واحترام الذات، والتكيف الزوجي بين النساء التركيات المصابات بسرطان الجهاز التناسلي للمرأة، وتقسيم النتائج حسب العمر، والتعليم، وحالة العمل، وحالة الطفل، ودخل الأسرة. في هذه الدراسة المقطعية، تمت مقارنة مائة امرأة ممن خضعن لعمليات استئصال الرحم بمئة امرأة لم يخضعن لعملية استئصال الرحم. وفقاً لنتائج الدراسة، فإن مرضى استئصال الرحم لديهم صورة جسدية أكثر سلبية، وتقديراً للذات أسوأ، ووقتاً أكثر صعوبة في التكيف مع علاقاتهم مقارنة بالنساء اللواتي لم يخضعن للعملية. وُجد أن النساء ذوات الدخل المنخفض ومستويات التعليم في أوضاع أسوأ من حيث التكيف الثنائي وصورة الجسم بعد الخضوع لعملية استئصال الرحم. تكشف نتائج هذه الدراسة أن النساء المصابات بسرطان الجهاز التناسلي اللاتي يخضعن لعملية استئصال الرحم يعانين من تغيرات غير مواتية في صورة أجسادهن، واحترامهن لذاتهن، والتكيف الثنائي. تحتاج النساء المعرضات لمخاطر عالية إلى تقييم تمريضي لعلامات احترام الذات والتكيف الزوجي، بالإضافة إلى اعتماد مبرمجين لتعزيز الثقة واحترام الذات.

**الكلمات المفتاحية:** الرحم، استئصال الرحم، صورة الجسد، تقدير الذات واحترام الذات، التكيف الزوجي، المرأة التركية، السرطان، الجهاز التناسلي.

**Introduction:**

Women experience physical and psychological effects from both the diagnosis and treatment of gynecologic malignancies. Facing a life-threatening illness, painful and debilitating treatments, and significant role adjustments can all contribute to the psychological anguish experienced by women coping with gynecologic cancer. Gynecologic cancer has been singled out as one of the most damaging to a person's sense of self and physical appearance. A person's level of self-satisfaction might be viewed as an indicator of their self-esteem. Scientific inquiry has focused particularly on gynecologic cancer due to its high prevalence, lack of a well-defined prognosis, wide age distribution of those affected, and the corresponding organ's significance to one's sense of body and self-worth. While there is a wealth of information available, the link between gynecologic cancer therapies (in particular, hysterectomy) and dyadic adjustment has received surprisingly little attention. Considering that sexuality plays a significant role in dyadic adjustment and that hysterectomy has a direct impact on sexuality, the connection between hysterectomy and dyadic adjustment merits further study (Abd El Gwad, N. S., et al. (2020). The removal of the uterus, or hysterectomy, is a common surgical treatment in the field of gynecology. Fibroids, bleeding disorders, endometriosis, and uterine prolapse are some of the most frequent benign conditions that necessitate the procedure.

A hysterectomy, the surgical removal of the uterus, is a common procedure for women who have been diagnosed with gynecologic cancer. Studies in Taiwan and Turkey imply that the uterus is the emblem of femininity, sexuality, fertility, and maternity for many women, and that its removal is seen as the removal of womanhood since many women view childbirth as a central part of their identity. Women's psychological health may be negatively impacted by post-surgery sentiments of hopelessness and despair. A hysterectomy has the potential to profoundly alter a woman's personal and professional life, as well as her social standing in the eyes of others (Gümüşsoy, S., et al. (2022).

Women in this population face additional medical challenges on top of the psychological ones. Swelling and edoema in both legs are common side effects of a hysterectomy. Further, postoperative problems like numbness, tingling, and restricted leg movement are not unheard of. Hysterectomy is a form of surgery that might have lasting effects on its patients' lives. Choosing to have a hysterectomy is a challenging decision for any woman to make, particularly from a psychological standpoint. Loss of the uterus is often seen as a metaphor for a woman's loss of her sexuality, fertility, and maternal instincts. Women's psychological health may be adversely affected by post-surgery sentiments of hopelessness and despair. A hysterectomy has the potential to profoundly alter a woman's personal and professional life, as well as her place in the community. Those women also face physical issues on top of the psychological ones. The swelling and edoema of both legs is a common side effect after hysterectomy. Long after surgery is over, patients may still have symptoms including numbness, tingling, and restricted leg movement due to problems (El-Hadidy, M. A., & Zayed, A. (2020).

Dissatisfaction with one's physical appearance can be traced back to a disruption in one's body image, which is a reflection of one's direct personal perception and self-appraisal of one's physical appearance. Having a lot of pride in one's appearance might boost one's confidence. Scarring after a hysterectomy may be seen as a sort of mutilation and lead to low self-esteem. One's self-esteem can be defined as their overall attitude toward themselves, which can be either positive or negative. Early menopause and the idea of removing a healthy organ are typically met with negative attitudes. Fear of ageing, shifts in body image, and the loss of a sense of being feminine following a hysterectomy can all lead to a decline in self-esteem, which in turn can lead

to a lack of motivation and an inability to think beyond the box (Düzgün, N., & Bayraktar, E. (2020).

In contrast, people worry a lot about their ability to have sexual relations after having a hysterectomy. The estimated prevalence of women experiencing sexual dysfunction following hysterectomy varies greatly, and it is unclear what effect hysterectomy has on sexual function. Variations in the occurrence of sexual dysfunction after a hysterectomy can be attributed to the wide range of factors influencing the success of the procedure. Sexual dysfunctions after hysterectomy may be explained by the underlying hormonal and anatomical changes that occur after the procedure. It is believed that 2- 11% of women experience poor orgasm after hysterectomy, 5- 11% experience decreased sexual desire, 2- 7% experience dyspareunia, and 9- 21% experience vaginal dryness after hysterectomy (Mohammadi-Zarghan, S., & Ahmadi, K. (2021).

Some research has examined the impact of treatments on marriage quality in different types of cancer (such as breast cancer), and the results have called for improved social and marital support. Marriages where both partners show care, concern, affection, helpfulness, and sensitivity to one another appear to act as a buffer against emotional discomfort, however this has only been shown in the adjustment processes of women with breast cancer. However, most women admitted they required support to deal with changes in body image and sexuality brought on by diagnosis and treatment for breast cancer, and while many turned to their spouses for help, many also said they felt their partners were unable to provide the level of care they needed. Everyone involved in those research agreed that talking about self-esteem and sexuality should be standard practise (Erdoğan, E., et al. (2020).

Similarly, hysterectomy and gynecological cancers fall under the same umbrella. Women with gynecologic cancer were analyzed for their body image, self-esteem, and marital adjustment in connection to a number of sociodemographic factors. The study's overarching goal is to shed light on similar supportive professional needs and concerns for women with gynecologic cancer as those with breast cancer, taking into account the similarities between the two types of cancer and their treatments in terms of their impact on body image, self-esteem, and sexuality (Aquil, A., et al. (2021).

#### **the study Problem:**

Research on mastectomy survivors of breast cancer shows that these women face discrimination based on socioeconomic status, do not receive adequate recognition of their moral and psychological state, and are often left feeling unsupported by friends and loved ones, including by their husbands and families. This leads us to wonder if some kind of intervention is required to eradicate these disparities. Researchers could evaluate the need for a hysterectomy-related intervention if they found evidence of discrepancies across groups. A skilled team of healthcare professionals, notably nurses, is needed to implement such a program. Meeting the needs of these women will depend in large part on the efforts of such a team, which will be essential in recognizing and resolving the psychological and social drawbacks of surgery. Nurses play a crucial role in the pre- and post-operative care of patients. Nurses have a duty as patient advocates and educators to address concerns including body image, lack of preparation, and inadequate financial and social support, all of which can prevent a full recovery.

#### **the importance of studying:**

Previous studies have linked low self-esteem and marital discontent to an increased risk of death from a wide range of chronic conditions. Nonetheless, there is a lack of research into how gynecologic cancer patients' marital lives, sense of self-worth, and body image are affected by

the disease. The current study's significance lies in the fact that it provides a thorough examination of self-esteem, body image, and marital adjustment in women with gynecologic cancer in connection to some socioeconomic characteristics. Marital adjustment after hysterectomy is a problem that has not been studied enough.

#### **AIM OF STUDY:**

In this study, we aim to understand how hysterectomy affects women's body image, self-esteem, and sex lives.

The importance is:

- Examining how hysterectomy affects a woman's sense of self-image.
- Identifying women's self-esteem after hysterectomy.
- To assess how hysterectomy affects a woman's sexual health.
- Women's sexual satisfaction, body image, and self-esteem all decline following hysterectomy.

#### **Previous studies:**

##### **1. Study of (Abd El Gwad, N. S., et al. (2020). Body image, self-esteem and quality of sexual life among women after hysterectomy.**

In context, a hysterectomy is a specific kind of operation that might have lasting effects on the patient. Actually, every woman faces unique challenges while making the decision to have a hysterectomy, particularly in terms of her mental health. The purpose of this research is to examine how hysterectomy affects women's body image, self-esteem, and sexual satisfaction. Topics and Approach: The methodology entailed a descriptive correlational approach. The research took place in the Oncology Center of Mansoura University's outpatient clinic. A total of 188 women who had hysterectomies participated in the study. Used a body image scale, a self-esteem scale, a questionnaire designed to measure the quality of one's sexual life, and a questionnaire based on an in-person interview. A questionnaire administered during interviews provided the information needed. Results showed that most women who had a hysterectomy had a healthy sense of self-worth, and that more than three quarters of them were happy with their sexual lives following the procedure. The quality of a patient's sexual life was positively related to their level of self-esteem, and there was a strong positive association between the two. The primary suggestion is to hold rehabilitation programmers for all women after cancer treatment in outpatient clinics of oncology department units. These programmers should address psychological, social, and physical concerns.

##### **2. Study of (Raynal, P., et al. (2022). A comparative study of orthorexia between premenopausal, premenopausal, and postmenopausal women.**

Significant physical and mental changes are common during menopause, a major shift in women's lives. The purpose of this research was to investigate the impact of menopause on self-perception and sexual well-being. To achieve this goal, we evaluated levels of body image dissatisfaction, sexual dissatisfaction, and self-esteem between premenopausal (n = 142), premenopausal (n = 66), and postmenopausal (n = 159) women while also accounting for levels of depression and anxiety as well as body mass index. By doing an analysis of variance (ANOVA) between the three groups, we found that the premenopausal sample had considerably higher levels of body image dissatisfaction than the premenopausal sample. As a whole, postmenopausal women had a more positive view of their bodies than their younger counterparts.

Increased sexual dissatisfaction was also seen in the premenopausal and postmenopausal populations, which is consistent with the idea that a more favorable view of one's physique predicts a more active sexual life. We conclude that unhappiness with one's physical self-image is greatest during the premenopausal period, and then returns to a level that is almost unchanged between the premenopausal and postmenopausal ages.

### **3. Study of (Gümüşsoy, S., et al. (2022). Effects of Surgical and Natural Menopause on Body Image, Self-Esteem, and Dyadic Adjustment: A Descriptive and Comparative Study.**

The purpose of this research was to compare the body image, self-esteem, and marital satisfaction of postmenopausal, premenopausal, and menopausal women. Overall, 274 women participated in this descriptive and comparative study, with 91 in the surgical menopause group, 91 in the natural menopause group, and 92 in the perimenopause group. The measures employed for this study included the Dyadic Adjustment Scale (DAS), the Body Cathexis Scale (BCS), the Rosenberg Self-Esteem Scale (RSES), and the Individual Introduction Form (IIF). Compared to women in the natural menopause and perimenopause groups, women in the surgical menopause group had lower mean scores on the DAS, a measure of depression, and lower mean scores on the RSES and BCS, a measure of self-esteem and body satisfaction. Women who had surgical menopause showed a weak negative connection between dyadic adjustment, self-esteem, and body image. There was evidence that menopausal women had difficulties with body image, self-esteem, and couple functioning. This impairment was more noticeable in the surgical menopause group compared to the natural menopause group. Furthermore, women's dyadic adjustment was significantly impacted by the existence of comorbid chronic conditions, lower levels of education, and excess body fat. Understanding the unique impacts of menopausal transition on mental well-being (body image, self-esteem, and marital harmony) depending on menopause onset can assist clinicians better serve their patients in their efforts to manage the symptoms of this transition.

### **4. Study of (Caglar, M., Mersin, S., & Ibrahimoglu, O. (2020). Dyadic adjustment and sexual function in postmenopausal women.**

The purpose of this research is to analyse the individual and relationship characteristics that influence postmenopausal women's ability to maintain healthy relationships and sexual vitality. Resources and Techniques: One hundred thirty-nine Turkish postmenopausal women participated in a descriptive-correlational study that took place between October 2018 and May 2019. Information forms, the Dyadic Adjustment Scale (DAS), and the Female Sexual Function Index were used to gather demographic and gynecological details about postmenopausal women (FSFI). Results: The research was finished by the 139 women. We discovered a favorable correlation between the DAS and FSFI ( $p=0.000$ ), with mean scores of 104.6032.98 (0-151) and 12.719.48 (2-36), respectively. Women's DAS scores differed significantly by economic level ( $p=0.040$ ). Women with chronic illness also had lower FSFI scores than healthy women ( $p=0.000$ ). Finally, we conclude that there is a robust positive relationship between dyadic adjustment and sexual performance. However, more research is needed to examine whether or whether dyadic adjustment has an impact on sexual performance in women postmenopausal.

## 5. Study of (Szymona-Palkowska, K., et al. (2019). Body image in premenopausal women.

What we mean by "menopause" is "the end of menstruation," after which a woman will go 12 months without having another period (WHO). When the ovaries stop producing eggs, it triggers a cascade of physiological and psychological changes known as menopause. Most women go through perimenopause discomforts, but the connection between how they feel about their bodies and how well they cope emotionally and socially during this time is poorly known. The study's primary objective was to examine whether or not women's perceptions of their bodies change during different stages of their reproductive lives. Substances and Techniques: All told, 113 pre- and postmenopausal females (ages 25-60) were studied, with 58 serving as a comparison group. The Appearance-Related Picture Self-Evaluation Form and the Appearance Self-Evaluation Scale were utilized for this research. Seven different measures and an overall score showed statistically significant group differences for this investigation. After menopause, when ovarian function has essentially ceased, a woman's perception of the value of her eyes, nose, mouth, stomach, buttocks, thighs, and calves decreases relative to that of a younger woman or a man. There was no statistically significant difference in the mean levels of satisfaction between the three groups. The postmenopausal subjects placed less value on certain parts of the body and reported higher levels of overall body pleasure.

### Methods:

- Design and Sample:

One hundred women who had a hysterectomy in the Department of Gynecologic Oncology at Baskent University between June 1 and September 31 were studied alongside one hundred women who were considered to be healthy controls. The women, who were all in good health and had never needed gynecologic surgery, submitted applications to the outpatient department in order to get routine exams. Those females who have had a hysterectomy.

Table 1: Participant Scores for Body Image, Self-esteem, and Dyadic Adjustment Scales.

Scale and Group	$\bar{X}$	SD	Min	Max	$t_a$
<b>Body Image Scale</b>					13.65
Study	132	23.1	87	170	
Control	88.2	15.4	46	116	
<b>Self-Esteem Scale</b>					9.67
Study	2.3	1.5	0	6	
Control	0.7	0.6	0	2	
<b>DAS (total)</b>					16.74
Study	92.7	14.3	80	145	
Control	102.1	9.5	68	114	
<b>Dyadic consensus</b>					19.22
Study	28.7	12.2	24	66	
Control	41.5	8.6	13	48	
<b>Dyadic satisfaction</b>					15.23
Study	35.8	3.2	29	44	
Control	37.2	2.6	32	44	
<b>Dyadic</b>					13.88

<b>cohesion</b>					
<b>Study</b>	15.5	2.7	9	25	
<b>Control</b>	19	3	11	26	
<b>Dyadic expression</b>					10.21
<b>Study</b>	9.3	2	5	14	
<b>Control</b>	7.8	1.6	4	12	

N = 100  
t-test for students  
Maximum; minimum; Dyadic Adjustment Scale (DAS).  
Please take note that the significance level for all of these scales is  $p = 0.0001$ .  
To clarify, a higher score on the DAS indicates a higher level of contentment, and a higher score on the Body Image Scale indicates a higher level of satisfaction. Scores higher than 40 on the Self-Esteem Scale indicate lower levels of self-esteem.

To reduce the potential for bias in a cross-over experiment, healthy subjects were not employed as a control group. All participants signed an informed consent form once the study was cleared by an institutional review board.

Between January 1 and December 31, 2009, the Department of Gynecologic Oncology at Baskent University performed 800 hysterectomies on women with gynecologic cancer. It was decided to take a sample of 100 people using a nonprobability sampling technique and the prevalence method. A first-time diagnosis of gynecologic cancer, hysterectomy, absence of psychiatric history, marriage, age between 25 and 70, and fluency in Turkish were all required for participation. Six weeks after surgery, when patients often return to the hospital for a follow-up visit, data were collected.

- Measures:

Responses to surveys like the Body Image Scale, Rosenberg's Self-Esteem Scale (SES), and the Dyadic Adjustment Scale (DAS) provided the necessary information for analysis (see Table 1). The data was analyzed statistically using the chi-square test, the Mann-Whitney U test, the Student's t test, the Kruskal-Wallis test, and the Pearson correlation test. Based on the current body of knowledge, we selected five socio-demographic variables to analyses via an initial interview: age, income, employment, education, and presence of children.

- Measure of Rosenberg's Self-Esteem:

The scale utilized to measure self-esteem was the SES. The 10-item scale from strongly agree to strongly disagree on a 4-point Likert scale. There are five items on the scale that are phrased in a positive way, and five that are phrased in a negative way. The self-esteem scale assesses how people currently feel about themselves. The exam normally takes less than five minutes—making it easy to self-administer—and it has strong internal consistency (0.82) and reliability (0.88). (0.88). If the person had a higher score, their difficulties were more severe. A study of the scale's validity and reliability (Cronbach alpha = 0.91) was conducted in Turkey (Afiyah, R. K., et al. (2022).

- The Scale for the Evaluation of One's Body:

The scale's creators, conducted validity and reliability testing after its creation in 1953. The value of the coefficient of internal consistency was 0.84. In 1989 (Cronbach alpha = 0.89), the scale was modified for use in Turkey. Each of the 40 items on the Likert-type scale is associated with either an organ, a physical feature (such as the arms, legs, or face), or a corresponding bodily



function (e.g., sexual activity level). From one (completely dislike) to five (very enjoy), the scale covers a wide range of possible responses (like it a lot). The scale runs from 40 to 200, with a higher number signifying greater satisfaction (Asma, G., et al. (2020).

- Dyadic Adaptation Index:

The DAS is a 32-question instrument designed to evaluate four aspects of married or cohabiting relationship adjustment: dyadic consensus, dyadic satisfaction, dyadic coherence, and affectional expressiveness. The sum of the answers to the four questions provides an indication of how well a couple is doing in their marriage as a whole. A higher score (out of a possible 151) indicates greater happiness (EidFarrag, R., et al. (2018).

Table 2: Sociodemographic Characteristics.

Characteristic	Study (N = 100)	Control (N = 100)	Statistical Analysis <sup>a</sup>	
	n	n	X <sup>2</sup>	p
<b>Age (years)</b>			0.533	0.522
28–42	17	22		
43–55	55	58		
Older than 55	28	20		
<b>Education</b>			0.538	0.691
Primary school	48	34		
High school	41	32		
University or more	11	34		
<b>Spouse education</b>			0.338	0.434
Primary school	15	11		
High school	46	42		
University or more	39	47		
<b>Employment</b>			0.118	0.691
Employed	55	56		
Housewife	45	44		
<b>Have children</b>			2.341	0.229
Yes	83	78		
No	17	22		
<b>Income</b>			2.234	0.467
High	58	61		
Medium	42	39		
<b>a Pearson chi-square</b>				

In the current investigation, the reliability coefficient for the full score was 0.96. conducted a validity and reliability study of the scale in Turkey, finding a Cronbach alpha of 0.92 (Sobhani, R., Zebardast, A., & Rezaei, S. (2020).

### Results:

#### - Sociodemographic and Medical Characteristics:

Hysterectomy patients, on average, were older than the control group by three years (47 vs. 43). People took part in the study between the ages of 28 and 42, between 43 and 55, and those who were older than 55. The bulk of the ladies had at least a bachelor's degree. Women in the study

group, on average, had two children (standard deviation = 3.2) and 55% held down some sort of paid employment. Most couples had at least a high school diploma, and many had advanced degrees in their fields. Other socioeconomic variables were not significantly different ( $p > 0.05$ ) between the study and control groups (see Table 2).

The median period between diagnosis and death for women with gynecologic cancer was 1 year and 62% were in stage II. Fifteen percent of women diagnosed with gynecologic cancer have sought or received counselling. The majority of the women (95%) were undergoing radiotherapy, and 96% were doing chemotherapy. 88% of the study population received total abdominal hysterectomy with bilateral salpingo oophorectomy and pelvic or aortic lymph node dissection because of endometrial cancer (Goudarzi, F., et al. (2021).

Table 3: Correlations Between Body Image, Self-Esteem, and Dyadic Adjustment Scales.

Scale	Study (N = 100)		Control (N = 100)		Correlational	
	r	p	r	p	r	p
<b>BIS-SES</b>	0.219	0.004	0.183	0.629	0.857	0.001
<b>BIS-DAS</b>	-0.233	0.001	-0.189	0.955	-0.302	0.002
<b>SES-DAS</b>	-0.288	0.002	-0.417	0.006	-0.322	0.001

- Correlations Between Body Image, Self-Esteem, and Dyadic Adjustment Scores:

Women who underwent a hysterectomy had a considerably worse body image and self-esteem than the healthy women ( $p < 0.05$ ). (see Table 3). The average points on the DAS scale also varied significantly between the groups ( $p < 0.05$ ). The connection between self-perception and bodily image was also investigated. To begin, among the participants in the study, there was a favorable relationship between body image and self-esteem ( $\rho = 0.22$ ,  $p = 0.004$ ). Self-esteem was found to be inversely connected with marital adjustment ( $\rho = -0.23$ ,  $p = 0.001$ ). Poor marital adjustment correlates with greater self-esteem scores (lower scores indicate higher levels of self-esteem). In addition, marital adjustment was inversely connected with body image ( $\rho = -0.29$ ,  $p = 0.002$ ). The patient's poor self-esteem was paired with her optimistic assessment of her marital adjustment (Alshawish, E., Qadous, S., & Yamani, M. A. (2020).

- Body Image, Self-Esteem, and Marital Adjustment:

A hysterectomy patient's body image was related to her age, education, income, marital status, and number of children ( $p < 0.05$ ) (Table 4). The results show that those of higher socioeconomic status, higher levels of education, and greater age, as well as those who are married, have children, and are employed, have a more favorable view of their physical selves than those who do not. Women who had a hysterectomy and scored worse on the DAS were more likely to have lower incomes and lower levels of education. Working conditions, age, and the presence of children were not correlated with DAS mean scale points ( $p > 0.05$ ). No other factors were found to have a statistically significant effect on confidence in the analyses performed. The study found

that hysterectomy negatively affected patients' body image, self-esteem, and marital satisfaction (Culha, I., Gursoy, E., & Bulut, H. (2020).

Table 4: Body Image and Marital Adjustment of Women With Hysterectomy According to Variables.:

Variable	$\bar{X}$	BIS	SD	$\bar{X}$	DAS	SD	KW/U	p
Age (years)								
28-42	151.5		22.7	96.8		9.8	BIS:10.6DAS: 3.15	BIS: 0.001* DAS: 0.342
43-55	135.4		18.3	95.9	11.8			
Older than 55	123.8		19.5	97.3	16.4			
Income High Medium	124.8 144.8		21.8 23.2	92.8 104.1		9.4 14.7	BIS: 9.98 DAS: 11.15	BIS: 0.007*DAS: 0.015*
Employment Housewife Worked	148 129		16.5 21.9	102 106		17.2 9.1	BIS: 19.77 DAS: 7.37	BIS: 0.002* DAS: 0.118
Education								
Primary school	140.5		20.2	92.6		7.4	BIS: 9.74 DAS: 12.36	BIS: 0.006*DAS: 0.025*
High school University or more	138.4		21.5	100	11.8			
	125.5		25.2	107	16.4			
Has children YesNo	131.2 136.2		25.2 22.8	99.8 98.4		14.6 12.5	BIS: 12.32 DAS: 4.32	BIS: 0.025* DAS: 0.212
N = 100 * p < 0.05 for all scales KW/U: Kruskal-Wallis or Mann-Whitney U test; BIS: Body Image Scale; DAS: Dynamic Adjustment Scale Note. To obtain an average for each state, the authors asked, "How do you classify your present income level?" and provided the responses high, median, and low.								

## Discussion:

Gynecologic surgery is accompanied by a significant number of the same psychological concomitants as are associated with surgery in general. However, due to the direct influence that gynecologic surgery has on a woman's reproductive system, marital relationships may be damaged in varying degrees after the procedure has been completed. The operation has the ability to not only change the way the patient views him or herself, but it also has the potential to generate feelings of inadequacy and anxiety about returning to a life that is considered "normal." This study aimed to evaluate the ways in which sociodemographic and medical characteristics, as well as the coping techniques of couples, affected the body image of women who were having treatment for gynecologic cancer. In addition, the authors looked at whether or not there is a correlation between high self-esteem and having a positive perception of one's physical appearance. When compared to healthy women, women who had a hysterectomy exhibited significantly lower levels of positive body image, self-esteem, and dyadic adjustment (Asma, G., et al. (2020).

that a significant number of women who have undergone gynecologic surgery express a desire to have been provided with further information about the psychological, sexual, and physiological effects of the operation. A need for emotional support, discourse, and counselling was also

indicated by these women, in addition to their need for open communication with their spouses. There is a clear need for additional research in this field so that suitable psychological evaluations and treatments may be developed for these women.

In the present study, Turkish patients with gynecologic cancer were evaluated for the very first time on their body image, level of self-esteem, and how well their marriages were holding up. In terms of the degree to which their body image, self-esteem, and marital adjustment were all impaired, there was a substantial difference between the cancer patients and the control group (Sobhani, R., Zebardast, A., & Rezaei, S. (2020).

Compared to women in the medium income band, individuals with greater socioeconomic status reported having a more positive perception of their bodies. A higher score suggests a more positive perception of one's body, while the effects of education, age, number of children, and employment are also apparent. Sewell and Edwards (1980) found that younger patients reported major deterioration in relationships following surgery, while older patients reported relatively little alterations or even improvement. These findings were based on interviews with 46 women. It's possible that this is due to the fact that hysterectomy is known to produce serious body image issues, particularly in younger women. When it came to dealing with cancer, the research showed that women's perceptions of their bodies did not vary with age. The researchers also discovered that a woman's level of education, professional status, or the number of children she had had no bearing on her perception of her own physique. The findings of this study are in line with those of an earlier one that compared the body images of women who had a mastectomy to those of healthy women and discovered that higher education led to a more positive assessment of one's physical self. The findings of this study are consistent with those of the earlier study. In this experiment, there was not found to be any association between the age of the patient and the dyadic adjustment. The interaction between DAS and employment did not have a statistically significant impact on DAS, despite the fact that employment did have an impact on DAS. These findings are in line with those of previous study that found no correlation between age and its effects (Wilson, C. M., et al. (2021).

#### **Conclusion:**

The study's findings showed that hysterectomy negatively impacted patients' body image, self-esteem, and marital satisfaction. Medical staff, and nurses in particular, need to be alert to the possibility of these consequences and prepared to implement nursing interventions to address them if this issue is to be handled effectively. Nurses should incorporate the development and implementation of interventions into their hysterectomy care plans; they should be based on a holistic assessment of the psychosocial requirements of the patient and seek to inform the patient thoroughly and offer her emotional and social support as needed. In addition, nurses can evaluate patients in high-risk groups to determine the best course of action for treating their psychological and social health issues, either by direct nursing care or by referring patients to other specialists. They intend to deal with the issues that arise after hysterectomy for women with gynecologic cancers.

#### **RECOMMENDATIONS:**

- It is a huge and intolerable problem for women, especially at a young age, and as a result, it is recommended to provide comprehensive preventative measures for vulnerable groups. Hysterectomy leads to a number of problems that affect body image, self-esteem, and marital adjustment in Turkish women with cancer of the reproductive system. In addition, it has been suggested that preventative programmers for women in a variety of

health-related fields, with titles such as causes, risk factors, warning signs, various treatment techniques, and referrals, should be developed.

- Make available an all-encompassing treatment plan. When dealing with women who are undergoing hysterectomy, nurses are required to place an emphasis on the psychological state of the woman. As a result, nurses are required to offer continuous support and assistance to women in order to assist them in accepting hysterectomy as an integral part of the cancer management process.

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