

## What has India done to curb unnecessary hysterectomies?

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Recently, the Union Health Ministry has urged State Governments to assess the trends of hysterectomies in both public and private hospitals.



[Ref: indiatimes]

## What is hysterectomies?

- The hysterectomies is a surgical procedure that **removes your uterus**.
- After this procedure women **can't become pregnant and no longer menstruate**.

## What are the criteria for getting a hysterectomy?

- Hysterectomies rank **second** among procedures performed on **women of reproductive age**, following **caesarean deliveries**.
- Hysterectomies should be performed later in a **person's reproductive life** or in **emergencies**.
- **Medical reasons:** fibroids (growths around the uterus), abnormal uterine bleeding, uterine prolapse, chronic pelvic pain, and premalignant/malignant tumors of the uterus and cervix.
- **Oophorectomy**, the removal of ovaries (the main source of estrogen), is **often performed alongside hysterectomy** and results in surgical menopause and potential association with chronic conditions.
- Reports indicate that hysterectomies are sometimes presented as a "**permanent solution**" for health issues, despite alternative **low-invasive treatments being available**.

## Percentage breakdown of hysterectomy (NFHS-5 data)

- **Excessive menstrual bleeding or pain:** 51.8%
- **Fibroids:** 24.94%
- **Cysts:** 24.94%
- **Uterine disorder or rupture:** 11.08%

## Hysterectomy Trends

- Indian women undergo hysterectomies at an **average age of 34**, compare to the global norm of women **above 45 in high-income countries**.
- **Private hospitals** perform the **majority of these surgeries** (33,559 procedures) compared to government hospitals (11,875 procedures).
- **Socially and economically disadvantaged women**, particularly those from Scheduled Castes,

Scheduled Tribes, or Other Backward Communities, constitute a significant proportion of reported cases.

- There is a risk of misuse in the context of **profit-oriented private clinics** exploiting insurance benefits and unregulated sectors such as the **sugar-cane-cutting industry**, where removing the uterus is seen as a means to **avoid menstrual care and hygiene** for female workers, referred to as "**wombless women**."

**What measures has the government taken so far?**

### Union Health Ministry guidelines

In **2022**, the ministry issued guidelines to **prevent unnecessary hysterectomies**. This includes:

- **List indications for when a hysterectomy may be necessary** and suggest alternative clinical treatments for gynaecological issues.
- Establishment of **district, state-level, and national Hysterectomy monitoring committees**, to collect data on age, mortality, occupations, and other details related to hysterectomies.
  - These committees aim to **monitor and regulate the procedure**.
- A grievance portal **monitored by the National Hysterectomy Monitoring Committee** to address concerns and issues faced by hysterectomy beneficiaries.
- Reporting hysterectomies conducted on women **under 40 years of age**.
- Monitoring committees have the **responsibility of creating awareness among practitioners and patients** about the role of the uterus and when hysterectomies are necessary.

### Ayushman Bharat scheme

- The government's health insurance program, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, covers hysterectomies among **1,949 procedures**.
- Standard treatment guidelines for hysterectomy-related procedures have been developed in **consultation with health experts**.
- Coercion and consequences: Hospitals found to have coerced women into hysterectomies without informed consent can be blacklisted under the **Clinical Establishments (Registration and Regulation) Act, 2010**.
- Some hospitals were **blacklisted**, **FIRs** were filed against violators, and some were de-empanelled from the government health insurance program **Rashtriya Swasthya Bima Yojana**.
- Eleven states, including **Arunachal Pradesh, Sikkim, Uttar Pradesh, Rajasthan, Bihar, Jharkhand, and Karnataka**, have adopted the Act, while **Maharashtra** has not.
- Bihar has also directed hospitals to **obtain permission** from the insurance provider before conducting hysterectomies for individuals aged forty or below.

### Violation of international conventions

- Unnecessary hysterectomies are seen as a violation of international conventions, such as the **International Covenant on Economic, Social and Cultural Rights**, the [Convention on the Elimination of All Forms of Discrimination Against Women](#), and the **International Covenant on Civil and Political Rights**, to which India is a signatory.
- These conventions recognize people's **rights to control their health and body**, including

reproductive and sexual freedom.

### Is there a gap in implementation?

- The petition highlighted **unethical practices and unnecessary procedures** conducted by private hospitals in **Bihar, Chhattisgarh, and Rajasthan**.
- Private hospitals failed to **inform women of side effects** and obtain their **informed consent**, violating their **rights to health, bodily integrity, and informed consent**.
- Patients sought treatment at private hospitals due to **gaps in the National Rural Health Mission**, a scheme aimed at providing healthcare to underprivileged women, children, and rural populations.
- The same hospitals experienced a significant increase in the number of hysterectomies performed under the [Rashtriya Swasthya Bima Yojana](#), raising concerns.
- Study shows 60% of hysterectomies were performed on **women under 30**, with 95% conducted in **private hospitals**.
  - However, discharge summaries lacked **follow-up procedures and case details**.

### Lack of awareness of gynaecological issues

- The prevailing culture lacks **awareness about gynaecological care and disorders**, excluding pregnancy.
- Medical documents often mention "**rasoli**" (**tumour or growth**) as a reason for hysterectomies, even though these growths may be benign and manageable through tests and alternative treatments.
  - However, women are typically convinced that **surgery is the only option**.
- **Insufficient resources, lack of knowledge about gynaecological diseases, and misinformation** contribute to inadequate investigation of medical conditions.
- Although India's **Draft National Policy for Women** acknowledges healthcare gaps for menopausal women, little attention is given to women of **reproductive age or those over 45**.

### NFHS data on hysterectomies

- Hysterectomy surgical procedures have been undergone by **3.3% of women in India**.
- **Rural areas in India** have a higher prevalence of hysterectomy surgeries (**3.6%**) compared to **urban areas (2.5%)**.
- **States with the highest rates of hysterectomies:** Andhra Pradesh (8.7%), Telangana (8.2%), Bihar (6%), Gujarat (3.9%), Ladakh (3.6%), and Punjab (3.2%).
- An analysis of the 2015-16 National Family Health Survey revealed an increase in hysterectomy rates in India **from 1.7 to 3.2 surgeries per 100 married women between 2012 and 2016**.

### What about the long-term treatment of women?

- **Follow-up care and post-operative support** for women who undergo hysterectomies are often **unavailable or unaffordable**, leaving them with **long-term injuries and disabilities**.
- In cases where hysterectomies are **unnecessary**, women may continue to experience **post-surgical problems** and may require additional surgeries.
- Hysterectomy alone **may not resolve pelvic pain caused by endometriosis**.
- Some patients may require **hormone replacement therapies**, especially if both ovaries and



uterus are removed, to manage menopausal symptoms.

- However, these interventions are **limited to private hospitals** and are **not accessible to low-income groups**.
- Women who undergo hysterectomy with oophorectomy **before the age of 50**, without hormone therapy, have a **1.8 times higher risk** of all-cause mortality.
- The high prevalence of hysterectomy in certain parts of India may lead to similar patterns, necessitating close **monitoring of the long-term impact**.

### What is needed instead?

- Hysterectomy can be beneficial in certain cases, such as when **dealing with large fibroids or early signs of cancer**.
  - It can be a **lifesaving procedure** for the patient.
- In 2019, a national consultation panel identified three **key challenges** that need to be addressed:
  - Developing clinical and population-level guidelines.
  - Improving access to information and treatment services for gynaecological conditions at the primary healthcare level.
  - Monitoring and regulating hysterectomies, especially among younger women and those with "benign" conditions.
- Chief Justice D.Y. Chandrachud suggested that hysterectomies for individuals **under 40** should require **approval from two certified doctors**.
- The Government hospitals should provide treatment to **prevent unnecessary hysterectomies**. (Oxfam India Report 2013)
  - The combination of gaps in the **public health system and government policies** promoting the private sector has led to unregulated and unaccountable private healthcare providers.
- Efforts are also needed to **improve menstrual and sanitation facilities** in rural areas.

### 'Save the Uterus' campaign (2019)

- The **Federation of Obstetric and Gynaecological Societies of India** initiated the campaign.
- **Aim:** to advocate for non-invasive procedures for treating uterine and other conditions instead of resorting to uterus removal.