

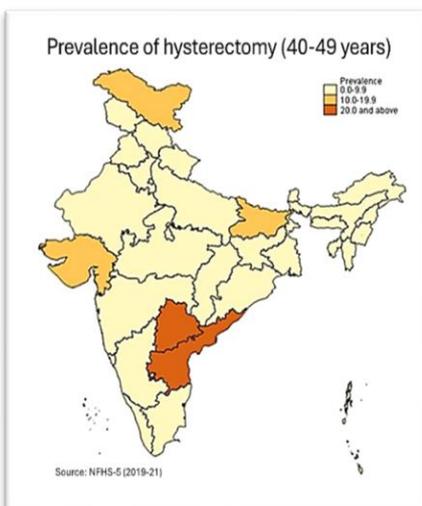
## Preventing Avoidable Hysterectomies in India

### Key Issues & Priorities

#### Context: Hysterectomy in India

The prevalence of early hysterectomy, the removal of the uterus before the age of 45, is a critical public health issue in India. According to the National Family Health Survey-5 (2019-2021), about one in ten women between 40-49 years have already had a hysterectomy, at a median age of 37.[1] The median age at which hysterectomy is performed in India is notably lower than in other countries and is a full decade before natural menopause. Women report undergoing hysterectomy for common gynaecological symptoms, primarily excessive menstrual bleeding and fibroids/cysts. Since most of these indications can be managed or treated through less radical or non-invasive options, preventing avoidable hysterectomy is critical to securing women’s health and rights.

Hysterectomy rates vary widely across India, reflecting diverse health systems, socio-cultural contexts and issues related to access to quality care. The majority of procedures are conducted in the private sector. Prevalence of hysterectomy is as high as 1 in 5 in Telangana and Andhra Pradesh, while much lower in states such as Meghalaya and Assam. The most vulnerable – particularly rural, less educated women—have higher odds of undergoing hysterectomy [2]. Women incur high out-of-pocket expenditures and face the risk of complications after major surgery. Moreover, early hysterectomy is associated with a range of long-term effects on women’s health and well-being, including increased risk of non-communicable diseases [3,4].



Uneven use of hysterectomy across states – and its apparent utilisation as treatment for common gynaecological ailments in young women—along with higher use amongst the vulnerable, suggests that a large proportion of early hysterectomies in India are avoidable.

Preventing unindicated hysterectomy requires access to alternative treatment options. Unnecessary hysterectomy is a violation of a woman’s basic sexual and reproductive health rights – and underscores the critical need for equitable access to quality gynaecological services throughout her life course.

#### Policy Context

The Ministry of Health and Family Welfare issued [National Guidelines](#) to Prevent Unnecessary Hysterectomy in 2023. The guidelines include the formation of national, state and district-level monitoring committees; strategies for raising awareness; audits and treatment protocols for gynaecological ailments. They include detailed data to track who is undergoing hysterectomy, by whom and for what conditions.

Prayas, FOGSI and state partners, with UNFPA support, organised six roundtable discussions with over 400 public and private sector gynaecologists and stakeholders in Assam, Karnataka, Madhya Pradesh, Punjab, Rajasthan and Telangana in 2024.

**Key Concerns regarding hysterectomy**

- **Low median age** ~10 years before natural menopause
- **Rural, less educated women** have higher prevalence
- **Variation across states:** overuse and lack of access
- **Use of hysterectomy for common gynaecological issues**

The roundtables aimed to improve women’s equitable access to services, disseminate the guidelines, gather insights into state-specific pattern and identify priorities for action. Across states, participants concurred that early hysterectomy without appropriate medical indications is an issue. They also agreed that the major drivers of current trends are: non-availability of alternative, affordable treatment for gynaecological care; limited awareness of side effects of hysterectomy amongst women; social norms around menstruation that promote early hysterectomy; unethical practices by some providers; widespread hysterectomy conducted by surgeons without gynaecological inputs; and limited gynaecological care within the primary health care system.

## Priorities for Action

Several common recommendations and priorities emerged across states: (i) access to services; (ii) implementation of the guidelines; (iii) tracking hysterectomy and (iv) improving awareness on indications and side effects.

### *Strengthen women's access to comprehensive gynaecological care, especially treatment options to prevent unindicated hysterectomy*

**Free availability of Levonorgestrel-releasing intrauterine system (LNG-IUS) in public facilities and coverage under insurance for private facilities emerged as the leading recommendation.**

LNG-IUS can serve as a long-lasting treatment for abnormal menstrual bleeding in many cases and accordingly, help stem unnecessary hysterectomy. Providers widely agreed on its utility and safety but noted a lack of universal access and affordability.

**Expansion of contraceptive choices:** Widespread tubal ligation may be associated with subsequent gynaecological morbidity. In contrast, other contraceptives such as oral pills/hormonal injectables/ hormonal implants/ hormonal IUDs can help control abnormal menstrual bleeding.

### *Health system priorities*

**Ensure the availability of treatment and referral mechanisms for gynaecological morbidity at the primary level** to break the pattern of women opting for hysterectomy by going directly or solely to private providers or surgeons. Primary health centres (PHCs) and Health and Wellness Centres (HWCs) should be adequately equipped to provide primary screening, initial treatment and referrals, with appropriate training for medical officers/MBBS doctors, nursing staff, CHOs and ANMs.

**Position women's gynaecological care as an essential component of comprehensive primary health care and UHC.** This entails adequate services at secondary and tertiary levels, trained human resources, appropriate financing and community engagement as priorities.

**Strengthen the availability of equipment for gynaecological health,** such as for ultrasound, endometrial aspiration, hysteroscopy and laboratory investigations, including histopathology. Expansion will also require strengthened training for gynaecologists in secondary facilities.

### *Support Implementation of the MoHFW Guidelines*

**Rapid establishment of State and District level committees** to monitor hysterectomy, as many of these have not yet been established.

**Knowledge enhancement, skill building and motivational training** on the MoHFW guidelines and standard of care for gynaecological morbidity to all categories of health care providers.

**Data portals with log-in** to ensure data entry on hysterectomies at the facility level.

### *Raise Awareness on Indications and Side Effects of Hysterectomy*

**Dissemination of IEC materials to support counselling of women and family members** with information on available non-invasive treatment options for gynaecological ailments, to allay fears of cancer and to explain side effects of hysterectomy. These materials can be made available to doctors and lay health workers.

**Patient and Community Education** to explain anatomy, the importance of the uterus and ovaries and role of menstruation, through community institutions such as Mahila Arogya Samitis (MAS), Village Health, Sanitation and Nutrition Committees (VHSNCs), Self Help Groups (SHGs) and other women's groups, along with mass media and school-level education.

### *Track - and Act on - Unnecessary Hysterectomies*

**Promote clinical governance and peer review** within facilities to track and review each case of potential hysterectomy, using confidential providers' meetings or WhatsApp groups, for example, to stem unnecessary use.

**Prioritise data collection,** monitoring and analysis through district and state committees with a special focus on covering the private sector.

**Engage with medical bodies of obstetricians /gynaecologists and surgeons** to address the role of surgery in treating gynaecological ailments and importance of gynaecological examination and investigations.

## References

- 1 International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India: Volume II. Mumbai: IIPS. 2021.
- 2 Desai S, Shukla A, Nambiar D, Ved R. Patterns of hysterectomy in India: a national and state-level analysis of the fourth national family health survey (2015–2016). BJOG: An International Journal of Obstetrics & Gynaecology. 2019; 126:72-80.
- 3 Desai S, Singh RJ, Govil D, Nambiar D, Shukla A, Sinha HH, et al. Hysterectomy and women's health in India: evidence from a nationally representative, cross-sectional survey of older women. Women's Midlife Health. 2023; 9:1.
- 4 Madueke-Laveaux OS, Elsharoud A, Al-Hendy A. What We Know about the Long-Term Risks of Hysterectomy for Benign Indication—A Systematic Review. Journal of Clinical Medicine. 2021; 10:5335.