

Revisiting the “Do No Harm” Principle: Exploring Early Surgical Menopause in Marginalized Tribal Communities of Santhal Pargana, Jharkhand

Menopause frequently occurs as a natural process, but it can also be deliberately triggered through medical or surgical means for a variety of reasons. Surgical menopause refers to the cessation of natural estrogen production in a woman who is still in her premenopausal stage, which happens following a bilateral oophorectomy.^[1] This surgical procedure is commonly performed alongside a hysterectomy, either due to benign conditions such as heavy menstrual bleeding, fibroids, endometriosis, or persistent pelvic pain, or due to malignant conditions such as ovarian carcinoma, Lynch syndrome, or BRCA 1/2 mutation. The symptoms experienced during surgical menopause are generally akin to those of natural menopause or chemically induced menopause. However, due to the abrupt loss of ovarian function in this case, women may encounter long term side effects. These could include a heightened risk of conditions such as pulmonary and colorectal cancer, coronary disease, stroke, cognitive impairment, Parkinson’s disease, psychiatric disorders, and osteoporosis.^[2,3] According to data obtained from the National Family and Health Survey, the prevalence of hysterectomy in India stands at 3.2%, with significant variations observed between different states. For instance, Bihar has a prevalence of 5.4%, while Andhra Pradesh has a prevalence of 8.9%.^[4] Approximately 70% of these procedures took place within the private health-care sector, particularly demonstrating elevated figures within the less educated rural communities. This trend can be attributed to their beliefs, the convenient access to local medical practitioners, and the availability of such services.^[4] In the region of Jharkhand, particularly within the significant tribal expanse known as the Santhal Pargana in eastern India, there exists a dearth of comprehensive literature, largely stemming from instances of cases not being reported or being underreported.

In the Indian scenario, indiscriminate hysterectomy is a common procedure that is frequently motivated by fear of cancer of reproductive organs and the belief that the uterus can be removed to treat unrelated somatic issues.^[4] This trend is also very common in the largest tribal part of India, situated in Jharkhand, known as Santhal Pargana.

This draws attention to the issue of India’s rising early unindicated hysterectomy incidence and the lack of comprehensive care for women suffering from

the debilitating condition of chronic pelvic pain and vaginal discharge and these are not indications of pelvic inflammatory disease and hysterectomy. In a nation like India, which is still battling urgent issues such as maternal mortality and cervical cancer screening, the misuse of women’s health fears and doubts is a public health concern. We had encountered approximately 100 patients with a history of early surgical menopause during their early 30 s, in the last 2 years, with a history of lower back pain and vaginal discharge and we are closely monitoring them for potential long-term repercussions linked with this condition. Based on what patients have shared, many gynecological conditions that can be managed medically, such as small fibroids, irregular menstruation, and cysts, are often treated with hysterectomy without undergoing thorough investigation. This practice stems from factors such as limited decision-making autonomy for women within families, economic challenges, the influence of a patriarchal society, and other contributing factors.

Premature surgical menopause often leads to issues such as persistent vaginal discharge and lower back pain among most patients. Our observations extend beyond Jharkhand, indicating that states such as Andhra Pradesh, Telangana, and Bihar also have a significant prevalence of women who have undergone surgically induced early menopause. Notably, rural women appear to face a higher risk of early menopause, stemming from both natural and surgical factors, in comparison to women from urban areas.^[5] It is worth noting that there is a scarcity of research on surgical menopause prevalence, not only in Jharkhand but also across India.

Kingsberg *et al.* have highlighted that surgical interventions for benign gynecological issues contribute to an increasing number of women experiencing early menopause. This premature loss of ovarian function accelerates the onset of menopause and affects various bodily systems, such as cardiovascular, nervous, skeletal, and connective tissue systems. This, in turn, reduces the overall quality of life due to symptoms such as vasomotor disturbances, mood changes, sleep disturbances, and altered sexual function.^[6]

Our current findings strongly indicate that early surgical menopause has direct implications on psychological, skeletal, and functional well-being. It’s imperative that this issue is addressed promptly from multiple

angles. Women's empowerment should be promoted by enhancing awareness about sexual health and fostering a sense of ownership over their own bodies. Equitable access to reproductive health-care at the primary care level is crucial. Furthermore, public awareness campaigns through local media using Information, Education and Communication and Behavior Change Communication strategies should emphasize sexual health and the roles played by various organs.

In conclusion, we propose that comprehensive mixed-method studies be conducted in the state of Jharkhand to delve into the actual prevalence, associations, and causal factors involving the intricate interplay of sociocultural elements contributing to early surgical menopause.

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Conflicts of interest

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