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Factors Influencing the Marital Satisfaction After Hysterectomy of Uterine Myoma Patients

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Abstract

Uterine myoma is the most common disease in the gynecological field. The incidence of uterine fibroids is continuously increasing due to environmental problems. Therefore, this study is to investigate the factors affecting the marital satisfaction after hysterectomy in patients with uterine myoma. The paper conducted a survey of 62 patients who visited the general hospital in K area. The survey was conducted from February 5 to April 18, 2024. The difference between sexual life satisfaction and marital intimacy was analyzed by t-test. After ANOVA, Stepwise multiple regression was performed on the variables affecting the intimacy and satisfaction of the couple's sex life. The results of this study are as follows. Firstly, couples' satisfaction with sex life was significantly higher than the average of 22.6 points for high school graduates, with an average of 31.8 points for college graduates or higher ($F=4.96, p=.03$). Secondly, the main variable affecting marital intimacy was sexual life satisfaction, which was 30.47% explanatory power. Next, monthly income and postoperative period were shown in order. Thirdly, when the above variables were added, 42.58% of the marital intimacy was explained. Therefore the results will contribute to improving marital satisfaction and quality of life after hysterectomy

Keywords: Marriage, Satisfaction, Sex life, Hysterectomy, Myoma patient

1. INTRODUCTION

Uterine myoma is a tumor that develops in the smooth muscles that make up most of the uterus. Uterine myoma is the most common disease in the gynecological field[1],[2]. Uterine smooth muscle is a benign tumor. Women of childbearing age are found in about 25–35% and especially in 40-50% of women over the age of 35. Most often, hysterectomy is performed due to myoma. Hysterectomy is the removal of the entire uterus, including the cervix[3],[4]. The incidence of uterine fibroids is continuously increasing due to environmental problems. The number of uterine myoma patients is the highest by age group, and the number of patients in their 20s and 30s is also increasing markedly[5],[6].

If the uterine myoma is left unattended, they will grow a lot and remove the uterus[7]. In couples, a hysterectomy can physically and psychologically affect their sex lives. After the hysterectomy, there is a symptom of after effects. It is necessary to check how it affects the couple's sexual satisfaction and intimacy after hysterectomy. Previous studies have only described hysterectomy. Therefore, this study is to investigate

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the factors affecting the marital satisfaction after hysterectomy in patients with uterine myoma. Through this, the findings are expected to improve the quality of marriage after hysterectomy.

2. MATERIALS AND METHODS

2.1 Materials

This study conducted a survey of 62 patients who visited the general hospital in K area. The survey was conducted from February 5 to April 18, 2024. The purpose of the study was explained by having a direct interview with the outpatient waiting time. Subjects who agreed to participate in the study were asked to fill out a questionnaire, and it took about 15-20 minutes to fill out the questionnaire. The average duration after hysterectomy was 21.7 months, ranging from at least 3 months to 67.5 months. The reason for the small sample size is that patients with hysterectomy are accompanied not only by physical but also psychological atrophy. Therefore, it is difficult to find subjects because they do not want to participate in this study.

2.2 Methods

The general characteristics of the subjects were calculated by real numbers and percentages. Marital intimacy and satisfaction with sex life were presented as the mean and standard deviation. The difference between sexual life satisfaction and marital intimacy was analyzed by t-test. After ANOVA, intergroup differences were tested by comparisons of Duncan's multiple test. The relationship between marital intimacy and satisfaction with sex life was examined as a Pearson correlation coefficients. Stepwise multiple regression was performed on the variables affecting the intimacy and satisfaction of the couple's sex life.

3. RESULTS

3.1 Affinity and sex satisfaction of couples according to general characteristics

Table 1 presents the intimacy and sexual satisfaction of couples according to general characteristics. Couples' satisfaction with sex life was significantly higher than the average of 22.6 points for high school graduates, with an average of 31.8 points for college graduates or higher ($F=4.96, p=.03$).

Table 1. Affinity and sex satisfaction of couples according to general characteristics

Variables	N(%)	Intimacy of a couple		Satisfaction with sex life	
		Mean±S.D.	t or F(p)	Mean±S.D.	t or F(p)
Occupation status					
Yes	17(27.4)	21.6±3.9	1.64(.31)	27.5±3.9	1.53(.96)
No	45(72.6)	21.9±4.5		27.1±5.4	
Age					
≤39	11(17.7)	22.7±6.7	0.79(.54)	29.6±6.2	0.85(.73)
40-49	34(54.8)	22.4±3.1		29.3±7.5	
≥50	17(27.4)	22.1±4.6		26.8±7.1	
Monthly income (10,000 won)					
≤100	14(22.6)	20.4±3.9	1.52(.36)	27.1±6.8	0.72(.65)
101-200	32(51.6)	21.7±4.1		29.4±7.5	
≥201	16(25.8)	22.1±3.5		24.6±3.2	

Adjuvant chemotherapy					
Yes	32(51.6)	21.6±3.5	1.07(.64)	57.1±13.6	0.59(.81)
No	30(48.4)	21.9±4.2		58.9±16.4	
Postoperative period/yrs					
<1	15(24.2)	20.4±5.2	1.79(.21)	26.7±8.3	1.74(.42)
1-3	28(45.2)	22.5±3.6		29.5±6.1	
≥4	19(30.6)	24.1±4.1		31.2±8.4	
Education					
Under middle school	10(16.1)	21.4±3.7	3.05(.04)	27.6±5.2	4.96(.03)
High school	33(53.2)	22.6±4.2		27.8±5.6	
Over college	19(30.6)	31.8±4.5		31.5±5.9	

3.2. Correlation between the couple's intimacy and sex life

Table 2 shows the correlation between intimacy and sex life of couples. As for the subject's intimacy and satisfaction with sex life, the higher the satisfaction with sex life, the higher the marital intimacy ($r=0.57$, $p=0.0002$).

Table 2. Correlation between the couple's intimacy and sex life

Variables	Satisfaction with sex life	Marital intimacy
Satisfaction with sex life	0.42(0.0035)	0.57(0.002)
Marital intimacy		0.49(0.0002)
Postoperative period		

* () : p-value

3.3. Analysis of variables affecting marital intimacy

Table 3 presents an analysis of variables affecting marital intimacy. The main variable affecting marital intimacy was sexual life satisfaction, which was 30.47% explanatory power. Next, monthly income and postoperative period were shown in order. When the above variables were added, 42.58% of the marital intimacy was explained.

Table 3. Analysis of variables affecting marital intimacy

Variables	Partial R ²	Model R ²	F	p
Satisfaction with sex life	0.3047	0.3047	43.9241	0.0002
Monthly income	0.0945	0.4131	15.2103	0.0002
Postoperative period	0.0273	0.4258	3.1825	0.0496

4. DISCUSSION AND CONCLUSION

This study is to investigate the factors influencing couple's intimacy and marital satisfaction with sex life after hysterectomy in uterine myoma patients. The main findings of this study are as follows. The satisfaction

level of sex life was significantly higher among college graduates or higher than that of middle school graduates or lower or high school graduates. In this study, the younger the age and the higher the monthly income, the higher the satisfaction of sex life. This was consistent with previous studies that showed that mastectomy patients also had higher sexual life satisfaction as they were younger and higher income[8],[9]. This means uterine myoma is causing disruption to sex life as hysterectomy increases after the 30s, a period of sexual activity. Because of uterine myoma, the frustration and problems of sexual life occur between the couple. The findings of this study also showed that the higher the satisfaction of sex life, the higher the intimacy of the couple. It was similar to previous studies that showed that sexual life satisfaction and marital intimacy had a positive relationship[10],[11]. After hysterectomy, pregnancy is impossible, but sex life is possible. It means that even after hysterectomy, the satisfaction of sex life also affects other lives. This is also because sexual life satisfaction can be achieved only when human relationships with spouses have a good relationship with each other. In other words, the closeness of marital relationships is an important factor in determining marital adaptation and continuing marital relationships.

The limitation of this study is that since it was targeted at one hospital, the number of samples is small, so there is a limit to generalizing the study. In the future, it is necessary to increase the number of samples and expand them to medical institutions of various sizes. However, it is meaningful to conduct an in-depth study of the marriage of hysterectomy patients and derive results. Through this, the findings are expected to provide valuable insights into the treatment and prevention of myoma. Therefore the results will contribute to improving marital satisfaction and quality of life after hysterectomy.

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