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## Self-acceptance Affects Attitudes in Caring for Sexual Function after Hysterectomy

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### Abstract

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**BACKGROUND:** A comprehensive understanding of several approaches, both pharmacological and non-pharmacological, is needed to reduce sexual function problems after hysterectomy. As one example, the research of Rawland *et al.* (2015) and that study found that cognitive, affective, motivational, behavioral, self-efficacy, and sexual acceptance responses could potentially play an important role in the assessment of appropriate care. However, in general, there is no research that explains that self-acceptance can affect attitudes.

**AIM:** This study aims to analyze the correlation between self-acceptance with attitudes toward caring for sexual function after hysterectomy.

**METHODS:** The data measured were self-acceptance and attitudes toward treatment of sexual function after hysterectomy which was obtained from post-hysterectomy women. Data on self-acceptance using the Self-acceptance – Scale for Persons with Early Blindness (SAS-EB) questionnaire and data on attitudes toward caring for sexual function were made by researchers using references from the theory planned of behavior (TPB) (Alshawish *et al.*, 2020). Statistical analysis used was Chi-square to analyze self-acceptance with attitudes to caring for sexual function after hysterectomy.

**RESULTS:** This study found the importance of self-acceptance in determining attitudes toward caring for sexual function after hysterectomy. A person's positive attitude will affect behavior to treat sexual function after hysterectomy.

**CONCLUSION:** In general, this study proves that self-acceptance is related to attitudes to caring for sexual function after hysterectomy.

## Introduction

Comprehensive understanding of several approaches and methods both pharmacologically and non-pharmacologically is needed in improving sexual function after hysterectomy [1]. Pharmacological methods are needed to reduce hormonal-related problems [2]. While non-pharmacology is needed to improve health and what is very important is a psychological approach because it can affect especially attitudes and behavior [3].

Several studies on self-acceptance related to several types of disorders have been carried out. Self-efficacy and self-acceptance and the study found that the importance of assessing the need for sexual self-efficacy is an important factor as part of the assessment of sexuality in postmenopausal women [4].

Bak [5] conducted a study on the relationship of sexual dysfunction with depression and acceptance of disease in women and men with type 2 diabetes mellitus and the study found that sexual disorders in patients with type 2 diabetes showed a correlation with the occurrence of depression and acceptance of the disease. Rawland [6] conducted a study on self-efficacy as a relevant construct in understanding sexual response and dysfunction and the study found that cognitive, affective, motivational and behavioral responses, and sexual self-efficacy have the potential to play an important role in the assessment of appropriate care effective for sexual problems. A study on self-acceptance of stuttering the study found that individual differences in low unconditional self-acceptance were detrimental to well-being and, in some cases, could lead to mental health problems and mental disorders [7]. The study found that low

unconditional self-acceptance is detrimental to well-being and, in some cases, can lead to mental health problems and mental disorders.

Although research on solutions to sexual dysfunction after hysterectomy has been carried out, in general, the above research shows that so far no one has explained the importance of self-acceptance in influencing attitudes. Several studies explain that self-efficacy and sexual self-acceptance are important factors as part of the assessment of sexuality in postmenopausal women. Bak [5] explained that sexual disorders in patients with type 2 diabetes showed a correlation with the occurrence of depression and acceptance of the disease. Rawland [6] explain that cognitive, affective, motivational and behavioral responses, and sexual self-efficacy have the potential to play an important role in the assessment of effective treatments for sexual problems.

The above discussion shows that self-acceptance as a new approach to the treatment of sexual function after hysterectomy is important for treatment and is indispensable. Therefore, this study aims to propose a new model based on a psychological approach that can improve the health of sexual function after hysterectomy.

## Methods

Data obtained from women after hysterectomy as many as 102 people who live in Surabaya. The data obtained are based on data from the Hospital of Islam Jemursari Surabaya and the Hospital of Islam A yani Islam Surabaya. Data on self-acceptance used the SAS-EB (Self-acceptance – Scale for Persons with Early Blindness) questionnaire and data on attitude caring for sexual function were made by researchers using references from the theory planned behavior (TPB) [8]. Data analysis was carried out by Chi-square statistical test with significant  $p < 0.05$ . The results of the analysis can be concluded that if the  $p < 0.05$  then  $H_0$  is rejected, meaning that there is a correlation between self-acceptance and attitudes to caring for sexual function after hysterectomy and if the  $p > 0.05$ , then  $H_0$  is accepted, meaning there is no correlation between self-acceptance with attitudes to caring for sexual function after hysterectomy.

## Results

### Respondents characteristics

Table 1 shows that the most of the 102 respondents (54.9%) were in early adulthood. Almost

half (46.1%) of the education levels are highly educated. The parity almost all (83.3%) is multipara and the knowledge almost half (39.2%) is high.

**Table 1: Frequency distribution of respondent characteristics**

Characteristics	Respondent (102)		Characteristics	Respondent n (102)	
	f	%		f	%
Age (years)			Parity		
Late adulthood (36–45)	46	45.1	Primipara	18	17.7
Early adolescence (46–55)	56	54.9	Multipara	84	82.3
Education			Knowledge		
Basic	20	19.6	Low	30	29.4
Intermediate	35	34.3	Medium	40	39.2
High	47	46.1	High	32	31.4

Table 2 shows that almost half of the 102 respondents (44.1%) are intermediate self-acceptance and almost half (49.1%) of the attitude to take care for sexual function after hysterectomy were intermediate.

**Table 2: Self-acceptance and attitude to care for sexual function after hysterectomy**

Characteristics	Respondent n (102)	
	F	%
Self-acceptance		
Lack	22	21.6
Intermediate	45	44.1
Good	35	34.3
Attitudes in caring for sexual function		
Lack	23	22.5
Intermediate	50	49.1
Good	29	28.4

Table 3 shows that of the 45 respondents who with self-acceptance most (55.6%) of the attitude to take care of sexual function after hysterectomy are intermediate. The results of cross-tabulation the correlation between self-acceptance with attitudes toward caring for sexual function after hysterectomy were analyzed using the Chi-square test, the result was  $p = 0.007$  which means that there is a correlation between self-acceptance with attitudes toward caring for sexual function after hysterectomy.

**Table 3: Correlation between self-acceptance with attitudes toward caring for sexual function after hysterectomy**

Variable	Attitudes in caring for sexual function						Total	
	Lack		Intermediate		Good			
	f	%	f	%	f	%	f	%
Self-acceptance								
Lack	5	22.7	10	45.5	7	31.8	22	21.6
Intermediate	9	20	25	55.6	11	24.4	45	44.1
Good	9	25.7	15	42.9	11	31.4	35	34.3
$p$								0.007

## Discussion

The results showed that there was a correlation between self-acceptance with attitudes toward caring for sexual function after hysterectomy with  $p$  value = 0.007. Self-acceptance has a very big influence on how a person will behave in dealing with post-hysterectomy problems, namely, sexual function. Self-acceptance according to the Chaplin [9] is an attitude that is basically satisfied with oneself, one's qualities and talents, and recognition of one's shortcomings [9]. Self-acceptance

is manifested by being able to recognize self-worth as a person. Self-acceptance is the basis of an attitude of self-esteem and a feeling of comfort in oneself regardless of faults and weaknesses [10]. Self-acceptance will be easily realized if in a person there is a belief that he can do the best for himself [11]. Self-acceptance is very important for a woman after a hysterectomy, especially with regard to sexual function. Self-acceptance will form confidence to take the best action for yourself and your partner [12]. Self-acceptance in post-hysterectomy women is influenced by several important factors, namely, family environmental factors, personal factors, and family factors [13]. Self-acceptance can shape attitudes, norms, and beliefs as well as the ability to control behavior so that it will influence someone to take an action. The self-acceptance model can increase self-confidence; self-ability to interpret life well so that post-hysterectomy sexual function can be resolved and quality of life is not disturbed [14], [15].

Sexual function problems are a common effect of hysterectomy. These problems have an impact on fulfilling sexual needs with partners so that appropriate action is needed to improve health status comprehensively which includes physical, psychological, social, and spiritual care [16]. Comprehensive treatment to improve the health of sexual function after hysterectomy is not easy to implement, because it requires a conducive psychological condition, namely, the ability to accept the present imperfections. In this case, support from spouse and family is needed. This is in accordance with Thakar's research which states that post-hysterectomy self-acceptance is influenced by psychological conditions, namely, the presence of social support (husband, family, and health workers). Psychological factors also affect self-acceptance after hysterectomy because they positively believe that hysterectomy does not have a negative impact on life with their partner [17]. When a person is able to accept himself from sexual function problems, then someone will realize to take an action so that this can influence a person to behave in maintaining healthy sexual function after hysterectomy [17].

Several factors that influence self-acceptance in treating sexual function after hysterectomy are age, education, number of children, and knowledge about hysterectomy. Based on Table 1, the results show that the most (54.9%) are in early adulthood; this shows that the most of the respondents are entering their productive period. At that age, a person is at physical and psychological maturity so that everything that happens in his life requires careful thought to make a decision [18]. At that age, psychological conditions related to the maturity of married life are at a good level, thus issues related to sexual function will be discussed together with partners so that they will find the best decision for sexual life after hysterectomy [19].

Based on Table 1, almost half (46.1%) of the respondents' education have higher education. The high level of education of the respondents is because

the most of the respondents live in big cities where their educational life is modern, there are many universities that are diverse and of high quality, thus the population is competing to pursue the best education to improve their standard of living. Education affects a person in seeking information about everything that happens in his life so that when a person faces life's problems it will be easier to find the best solution [20]. A person's attitude to do something is closely related to the knowledge possessed and many experts argue that knowledge is directly proportional to one's education.

Based on Table 1, almost all (82.7%) children born are the number of children born alive more than one. The more children, the better the way a person adapts to unfavorable conditions. The number of children more than one allows a person not to really want to have more children because a hysterectomy will result in a woman being unable to reproduce [21]. The number of children who have been born affects a person in accepting himself after a hysterectomy because of the assumption that the more children born, the more perfect a woman is [22].

Based on Table 1, almost half (39.2%) of the respondents' knowledge about hysterectomy had a moderate level of knowledge. This is because knowledge about hysterectomy is an uncommon knowledge that is easily conveyed by anyone but requires people who have knowledge in this field to explain information about hysterectomy and its treatment [23], [24], [25]. This is in accordance with the research of Thompson, *et al.* 2016 that health workers can provide health education about hysterectomy and its treatment to patients, husbands, and families during pre- and post-surgery.

## Conclusions

The purpose of this study was to determine the correlation between self-acceptance with attitudes toward caring for sexual function after hysterectomy. This study found the importance of self-acceptance in determining attitudes to caring for sexual function after hysterectomy. The nurse's role in this case is as an educator, namely, providing information about hysterectomy and its treatment. Suggestions for further researchers are to add qualitative methods, variables, and increase the number of respondents.

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