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The Lived Experience of Women Amputees in Odisha

Sushree Sangita Nayak

[1]Department of Prosthetics and Orthotics, SVNIRTAR, Utkal University, Cuttack, India
Corresponding Author Email: *nsushreesangita50[at]gmail.com*
Mobile: +91 9438117407
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Abstract: ***Aim**: The aim of this study was to describe and understand the lived experience of women with lower extremity amputation in Odisha. **Background**: Amputation is defined as a medical procedure in which there is partial or complete removal of a limb for a number of reasons. It affects lives drastically irrespective of gender. But for women the challenges are manifold. As women play the major role in the family as well as society, deeper understanding is needed to understand the psychosocial behavior changes after amputation. Very limited number of Indian studies addresses the daily challenges faced by women amputees. Extensive information regarding the effects of amputation has not been ascertained in Indian cultural context yet. The current study is an attempt to gather in - depth information and understanding of women amputees. Their perceptions and difficulties in daily living and to critically look at areas where future research might need to focus. The study aims to describe and understand the lived experience of women with lower extremity amputation in Odisha. **Design**: A phenomenological research design was used. **Methods**: Interviews was performed with 25 women lower extremity amputee. Data were collected by using a pre generated interview questionnaire. To analyze the women amputees' narratives, thematic content analysis method has been used. The lived experience of persons with lower extremity amputation has been categorized into the following four thematic areas: emotional collapse, Social connections and support, acceptance is a process, Ordeals of physical and emotional instability. **Results**: The result of this study will provide insight into psychological distress and problem faced among women amputees in Odisha and need for further course of action to empower them. The result of this study will provide comprehensive information of psychological distress and problem faces among women amputees in odisha and need for further course of action to empower them. **Conclusions**: Participants described suffering in physical, psychological and socio cultural realms and the ways they strived to cope with these challenges. The findings of this study provide an enhanced understanding of the experiences of people with lower extremity amputation and underscore the importance of truly listening and responding to their concerns. The need to appreciate cultural context and to develop the peer - based support programme was highlighted. **Relevance to clinical practice**: The need to appreciate cultural context and to develop the peer - based support programme was highlighted. Supportive psychological and social interventions such as formal support groups and peer support programmes may provide a powerful and inexpensive addition to routine care. Currently, such programmes are unavailable in Odisha*

Keywords: lived experience, lower extremity women amputee, body image, helplessness, menstruation, qualitative study

1. Introduction

People with disability face many obstacles in their struggle for equality. Although men and women with disabilities are subjected to discrimination because of their disabilities, women with disability are at further disadvantage because of combined discrimination based on gender and discrimination based on disability. In other words, women with disability are subjected to double discrimination.

Disability as such is a broad terminology which describes any physical and mental condition that limits a person's movement, senses or activities. It is attributed to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of two or more of these impairments. According to National Sample Survey (NSS) on disability which was carried out in the NSS 58th round (July - Dec 2002) about 18.5 million people are disabled in our country. This ranges to about 1.8% of the total population of India. The statistics of female disability is 1.5% of the total female population. The prevalence of disability in Odisha is the second highest in the country with about 2.5% of the total population having some form of disability (Mitra, & Sambamoorth, 2006).

According to NSS, locomotor disability is the most prevalent with more than 1% of the total population of India. About 785 women per 100, 000 populations are affected with one or the other form of locomotor disability (Goyal, & Verma, 2000). In Odisha about 20.86% of the total disabled persons are locomotor disabled (Sethi, 2014).

Out of many possible causes of locomotor disability, amputation is a major cause. Amputation is the loss of an organ or a part of it made through surgery or due to trauma. It had been estimated that there are roughly 0.62 amputees in India per thousand populations (Mohan, 1986). This translates close to one million individuals with amputations in the country. Lower limb amputation accounts for 94.8% of all amputations. According to the guidelines and gazette notification issued by ministry of social justice and empowerment on June 13, 2001, permanent physical impairment (PPI) for person with lower limb amputation corresponds to a disability level of 70% or above. Lower limb amputation not only affect a person's ability to walk, but may also decrease his participation in other important and valued activities. This condition is likely to have adverse psychological impact like lowering his self - confidence due to a feeling of inadequacy, developing a negative self - concept with a disturbed perception of his body image, and on the whole, affecting his quality of life.

Research in the field of amputation reported that traumatic loss of a limb is typically equated with loss of spouse, loss of one's perception of wholeness, symbolic castration, and even death (Behrouz, Sousan, Mohammadi, & Hassankhani, 2013). This may result in the patient being severely affected emotionally and thereby lowering her/his quality of life. The individual undergoing amputation may be at risk of developing depressive disorder due to multiple factors such as feelings of loss, self - stigma, and difficulty in coping up with the impairment (Behrauz, et. al.2013). The person’s distress is not only due to the loss of a body part but also due to the role limitation and the need for adjustment to the changed lifestyle options. Amputation makes people to face with severe physical and mental - social challenges such as impaired physical function, pain, change in employment and job status, consequently affecting their emotional well - being. Amputees may have a negative self - image or self - esteem due to their perceived inability to contribute to the society, and the resultant feeling of worthlessness, though many of them have overcome their disability by living a life with minimum dependence on others with the use of artificial aids.

While there is consensus among the researchers regarding the negative psycho - social impacts of disability in general and amputation in particular, research showing gender differences with respect to the effect of amputation are inconclusive. For example, majority of studies show no difference between mental health of men and women after amputation (Bradway, Malone, Racy, Leal, & Poole.1984; Williamson & Walters1995; Williamson 1996.) although some studies indicate that women experience more depression than men and have poor emotional adaptation (Paul R. Albert, 2015). Horgan & Maclachlan (2004) found that women are more concerned about their body image than men.

So far as social implications of disability are concerned, gender has always been a significant factor. Indian society is not very sympathetic towards the persons with disability. Such persons have always been the object of discrimination, very often being devoid of their rights. It is worse for women than for men. Disabled women are always neglected and even subject to physical as well as sexual abuse (Abramson, Emanuel & Hayden, 2000. Alexander, Bradley, Alarcon, Tirana - Alexander, Aaron, Albert’s, Martin & Stewart, 1998; May, 2006).

However, there is not plenty of research available in literature depicting the psycho - social perspectives of females with disability. Researchers in disability field and the feminist movement alike have neglected the women with disability as their research subject. The interest is even lower in the rehabilitation services for these women. Therefore, it is felt that this area needs manifestly the most concern.

With the aim of exploring women amputee subjective experiences a qualitative study has been designed that explores women amputee experiences around current stressors and factors that help them to cope. We attempt to report here on the observations of the study, focusing on the daily experiences of women lower limb amputee and what challenges they face, as well as what helps women amputee to cope with challenges and stresses. Since the nature of problems is different for different types of disability, the present study would focus specifically on the lower limb amputees.

Most studies related to women with disability are quantitative studies (Dadkhah, Valizadeh, Mohammad, Hassankhani, 2013). These quantitative approaches are incapable of measuring some phenomena and describe aspects such as human values, culture, human relationships and communication (Behrauz, 2013; Streubert Speziale & Carpenter, 2007). Qualitative study in this field can have an effective role in clarifying this ambiguous and unknown field of psycho - social effect of amputation on individuals. While several qualitative studies have explored specific experiences of persons with amputation, such as coping, adjustment or psychological growth experiences, to our knowledge, no studies have explored the holistic experiences of people with LEA. There are no such studies in odisha. The present piece of research, therefore, feels it necessary to undertake a qualitative study to delve into the live experiences of female lower limb amputee in odisha

2. Review of Literature

Changes in body image also results in high anxiety and to a lesser extent with depression and also dissatisfaction with body image is associated with emotional distress (Fisher & Hanspal, 1998a). Females have a higher body image disturbance than males and people with an above knee amputation report poorer body image perception than those who have a below knee amputation (Zidarov et al, 2009). Psychological problems may sometimes result in physical deterioration not because the person cannot walk but because they choose not to do so. People may present with a negative attitude towards treatment after the amputation (Desmond & MacLachlan, 2006; Fisher & Hanspal, 1998a; Engstrom & Van de Ven, 1999). Body image is a significant predictor of quality of life, as it is positively correlated (Sarah Mc Donald, 2021) People with a lower limb amputation report a feeling of worthlessness and not being valued in their society (Amosun et al, 2005). Depression has been reported in people with lower limb amputation (Desmond & MacLachlan, 2006; Schoppen et al, 2003; Livneh et al, 1999; Engstrom & Van de Ven, 1999). Nineteen percent and 11% of people with a LLA might be depressed at two weeks and six weeks respectively after amputation (Schoppen et al, 2003). Individuals who employ more avoidance behavior as a coping strategy are reported to have lower levels of adjustment to amputation, and disease related amputation is associated with lower levels of general adjustment. Age, level of amputation and time elapsed since amputation show a significant relationship with adjustment limitation (Desmond & MacLachlan, 2006). Disabled females may be considered ad members of “a multiple minority group” (Deegan, 1981) since they are the recipients of discrimination and prejudicial attitudes from several groups simultaneously. They are the victims of a ‘less than whole’ attitude held by able bodied women and men, as well as ‘sexist’ attitude held, not only by able - bodied persons, but also by disabled men in their own subculture.

3. Methodology

Design

A phenomenological research approach that allowed the researcher to understand the meaning of experiences from the insiders' perspectives (Giorgi 1997) was selected to understand the lived experiences of people with LEA better. The present qualitative study aims to gather in - depth information and understanding of 25 women lower limb amputee (above knee and below knee). Their perception and difficulties faces in activity daily living and to critically look at areas where future research might need to focus. The participants of the present study were of 25 women lower limb amputee (above knee and below knee) with their age ranging from 20 to 45 years old. Purposive sampling technique (a kind of non - probability sampling technique), through which samples were collected from outdoor of SVNIRTAR, Olatpur which is a rehabilitation institute. In the current study, a set of pre - generated interview questionnaire was used for data collection. These questions were divided into seven categories and covered the following**; General and demographic profile, emotional response, body image, Social Connections and Support sexuality, menstruation, depression.**

In the interviews, women with lower limb amputees were asked questions aimed at their particular experiences, and these questions revealed important insights for psychosocial behavior and problem faced after amputation . Without the experience of our interview, it was likely that most of these women may not have had a chance to articulate their struggles and stories to anyone other than their closest confidants—as a rule, they are too busy to "dwell" on their difficulties. I choose to conduct in-depth interviews because of the potential to get at individual experience and not to make generalizations about women amputee. Because part of the purpose of in-depth interviews was to reach for a deeper quality of the interviews, rather than securing a large breadth of information, the lengths of interview was 1 hour.

4. Results

Emotional Response

These women with physical disabilities manifest negative emotional responses because they perceive that their bodies do not meet societal expectations regarding the ideal body for women. Respondents, regardless of the type of disability, stated that anger and discontentment are the most common emotional reactions arising from their attempts to conform to body norms. The first emotional response toward not meeting expectations of the ideal body by women with physical disabilities was anger, either at themselves or at the normative restrictions. In both cases, participant still felt obligated to comply with societal standards.

One participant described

I'm searching—middle of the night I'm searching for my leg ? Where's the rest of my foot?::: I am incomplete::: How am I going to survive? How am I going to work? Because – I can't walk anymore Not being able to play my role, as a mother, as a wife.

Low self - esteem The second emotional reaction of women with physical disabilities toward not achieving the ideal body is discontentment. Throughout the interviews, the respondents' comments about body size and shape revealed feelings of inadequacy about their bodies and low self - esteem. Women who were older than 30 years of age were more likely than younger women to mention feelings of discontentment over not attaining an ideal body. When discussing how she cannot meet societal expectations of body norms, some amputees feel their body is incapable of meeting both physical demands and appearance expectations.

A female participant described her worries as:

Who will marry me? I don't want anyone's sympathy. I don't want to spoil others life. I Want to stay alone the rest of my life.

Amputation results in disfigurement and may lead to a negative body image and potential loss of social acceptance (Jacobsen 1997, 31). Meanwhile, relationship between disability experience and stigma is not uni - dimensional, this means that they are interwoven and inter - dependent. Usually women give more priority to their beauty. Also, amputated victims see themselves as unfit for the society anymore after amputation and people in the society also see them as members of stigmatized group. The reason is that, body image not only provides a sense of ''self'', our body image also affects how we think, act and relate to others (Wald 2004,)

Loss of independence - Several women amputee expressed their emotional pain associated with their limited mobility, and hindered their ability to care for their families as a result of their impaired mobility, obtain and sustain employment, they could no longer be active in their communities—circumstances that negatively impact their mental well - being and self - esteem.

One participant tearfully expressed her fears about losing her independence:

…I felt so sorry for my family. I was unable to take care of my children and husband. For my daily activities I depend on my small children. I am worthless and useless. Physical limitations resulting from their amputations thus have likely served to further perpetuate their gendered dependency on male partners, parents, and older children for economic stability.

Family support as well as professional intervention forms the basis for facing life without the limb. All amputees were frustrated just after amputation.21 women reported that their family members are very cooperative. Still then it's not very easy to accept the reality.4 amputees are staying alone. so they are mentally prepared to accept the challenges. Just after amputation they felt this is a sin for them. Almost all female amputees reviewed that they feel much more about limb loss when they sit alone. some were tearful during interviews and appeared depressed and grieving.

One participants described her feelings as follows: …Since the day I lost my leg, my nightmare began. My leg was one part of my body. It had vitality. I cried all the time. I couldn't stop my tears. I was very angry and hated myself.

Out of 25, 8 amputees were unmarried. Unmarried amputee reported a feeling of worthlessness and not being valued in their society as compared to older married amputees. All amputees viewed that just after amputation they did not want to see their face in mirror. One amputee said just after her amputation, her small kids were in furious stage. They didn't want to see their mother's leg. Some young adult amputee's perception was who will marry us. It also affected their relationship with their spouse. Feeling of sadness, helplessness, hopelessness, lowered self - confidence was also observed. Unmarried amputees were regretted for marriage. They have psychological difficulties in coming to terms with the stump. Some people may not look at the stump for some time and may deny to themselves that amputation has been performed. it's very difficult to accept the new condition.

Social connection and support

Interviews highlighted the critical role that social support has played in providing physical, emotional, and material support to participants. The women expressed how invaluable support from family and friends was in helping them cope with the residual impacts of their amputations.

Although support from family and friends is considered to be of importance following an amputation (Liu et al., 2010), at certain times, participants felt that they were being over - protected by their families. Anderson et al. (2017) found that social support is a key moderating influence on activities of daily living (ADL) functioning and depressive symptoms. Other research has shown how social support facilitates greater social integration among those with amputations, serves as a buffer against depression and pain, and promotes mobility, occupational functioning, and greater life satisfaction (Williams et al., 2004). In a similar vein, Horgan and MacLachlan (2004) described how social support can positively influence an individual's immediate reaction to their amputation and subsequent adjustment, as well as development of a changed sense of self and identity.

Conversely, individuals who lack social support following an amputation have been found to be at greater risk of experiencing psychological symptoms, such as anxiety and depression (Hawamdeh, Othman, & Ibrahim, 2008) Out of 25 amputees 17 were married.21 amputees reported their family members are very co - operative.4 amputees were staying alone. Out of 17, 15 amputee's views were same that their partners are over protective and over caring after amputation. As a result of the lower limb amputation and their children may be more caring than before the amputation. Partners of persons with an amputation are reported to be more caring with the person after the amputation2 women amputees are staying alone with their kids after amputation. Initially it was very difficult for them to cope up with the society. By the time being now they are mentally prepared to face the challenges. Many participants reported that they did not want to go outside and meet any visitors, because they were afraid of the potential reactions of others

People with amputation may need help from their partners or domestic helpers most of the time. The impact of amputation on the balance of interpersonal relationships and loss of status within the family may surface. Initially they were dependent on family members to do their ADL activities such as going to the toilet, (un) dressing and washing etc. it creates so much discomfort that they have to be relearnt as soon as possible. Those who are staying alone they are capable to do all house hold work. It is seen that those who are staying with family they are psychologically stronger than who are staying alone. participants expressed deep appreciation for the support that they received from family and friends which served to pull them to safety and security Recent phenomenological studies addressing the lived experience of participants with amputations were conducted in different countries - Malta, Denmark and South Africa, (Grech & Debono, 2014; Ligthelm & Wright, 2013; Norlyk, Martinsen, & Peterssen, 2013) similarly noted the physical emotional ordeal of the amputation, the changes that it brought to the lives of the participants and the support from family and friends which helped the participants to cope and adapt. However, this current research found a greater level of physical and emotional pain expressed by the participants.

I am feeling very depressed when anybody is asking about me. I didn't like when people paid attention to my leg. It was so embarrassing for me to show my stump to the others. I thought they would not accept my appearance. I am feeling shameful to attend function. I don't want anyone to visit to our home.

A participant expressed fear that his amputation may attract people's attention and how this affected his social engagement.::: not possible to go out::: people look at me that I'm—an—alien::: because I'm wearing shorts, with the (stump) everything half of it, so::: they look at me like "an alien

Sexuality

Disability may contribute to self confidence in sexual proficiency and desirability as a sexual partner (Andrew, 1996) The disease preceding the amputation or the treatment the patient was receiving sometimes had affected sexual functioning indirectly. Female amputees report a heightened sense of anxiety and avoidance of intimacy after their amputations.

Although nearly half of the participants indicated that sexuality was an important part of their lives, most also stated that it was not the most important issue in their lives. Most of the participants did not experience any changes in their sexual life. Most could recall the first time they had sex after the amputation, even when this had taken place many years earlier. Most participants reported no changes in their sexual functioning after their partner's amputation. These problems with the mechanics of body positioning, balance, and movement have also been found previously. TF amputees tended to experience more problems (but not significant) than TT on the items sexual desire; sexual potency, sexual positioning, frequency of intercourse, degree of satisfaction sexual climax, partner response and sexual response. These problems with the mechanics of body positioning, balance, and movement have also been found previously. If there were negative changes, these were mostly attributed to age or co morbidities, and not to the LLA itself. Bodenheimer et al. (2000) described that there was no evidence of increased prevalence of depression or anxiety in lower limb amputees compared to other types of patients, and the author's results may be consistent with this.

One participant described

I am feeling very uncomfortable don't have any interest for sex. She expressed in a tearful eyes that she is not a complete women anymore.

Menstruation

Menstruation is a natural process. Disabled people who menstruate often encounter obstacles in accessing sufficient support and services, which can put them at risk for more health problems. During menstruation all amputees face problem for hygiene management. Usually the older amputees shared their views that menstruation is a stigma for them after amputation. Those who are staying in rural area they are facing so many problems during these periods. They feel very uncomfortable. Lower limb below knee amputee face less problem compare to above knee amputee. Of particular concern to above knee amputees during their menstrual cycle is the frustration of wearing pads (sanitary napkins). Most women retain water during their menstrual cycles so prosthetic sockets and suspension belts may not fit as comfortably as during the rest of the month. Many female amputees notice they are less comfortable in their sockets during those days when their body experiences some bloating. For amputees whose prostheses have suspension belts that extend around the hips and across the tummy, the belt's snug pressure can aggravate menstrual cramps and bloating. The simple fact that above knee amputees wear a prosthetic socket that extends into the groin area means the socket has to be a consideration in dealing with monthly menstrual periods. It may be an issue with the fit of sanitary pads or tampons. It may be general discomfort and abrasions that result in some amputees choosing to walk less if possible during those days.

One young amputee told

I really feeled very guilty during my first period after amputation. It's better to die instead of facing all these problems. I am very un happy.

Our study may create a guidelines to prevent Urinary tract infections (UTI's), scabies in the vaginal area, and abnormal abdominal pain are common issues linked to inadequate menstrual hygiene

5. Discussion

The aim of this Paper was to explore the lived experiences of women with lower amputee in odisha Findings revealed that the lived experience of undergoing a traumatic limb amputation is living a life filled with the ordeals of physical and emotional instability while being marginalized to the fringe of society and pulled to security and safety by family and friends into a network of untreasured norms and relentless hope.

The experiences of persons with LEA described in the present study highlight some apparent disconnection between patient and provider priorities and needs. Consistent with prior studies (Ferguson et al.2004, C Sjodahl et al.2004), the present study identified emotional and physical challenges at various stages of adjustment, including sadness, depression, anxiety, anger, frustration, helplessness, increased pain, changes in appetite and sleep problems. There is no such studies on amputee hoe they face problem during menstruation. The significant emotional experiences of individuals undergoing amputation highlight the importance of including information and care that would address these needs.

The study revealed that the amputees experience of facing problem in day to day life is challenging journey that could be conceived into various phases. The most challenging factors are frustration, depression, psychological adjustment, finalcioal burden, family support, self image. While dealing with the challenges amputee go through an intensely emotional and stressful experience which results in deep depression and poor mental health. The findings of the study reflect that distress began just after amputation comparative to male, women are very serious for their body image. After limb loss they get frustrated. The findings strongly suggest that family support is very much essential to control depression. When asked about the most difficult challenges with which they were confronted, the participants reported that they were highly dissatisfied with bodyimage. The present results also confirmed the impact of amputation on body image and esteem. Level of independence may also influence body image and esteem. These findings are consistent with the previous studies that people with more severe physical disability and less independence had lower levels of body - esteem and negative body image (Rybarczyk et al.1995, Sjodahl et al.2004, Taleporos & McCabe 2005).

The participants reported that peer support alleviated much of their emotional distress, reduced their sense of isolation and provided them with a new sense of perspective. Consistent with the previous studies (Sjodahl et al.2004, Oaksford et al.2005), many participants reported that they viewed things more positively and faced their problems more bravely after talking to other persons with LEA. These findings suggest that persons with LEA are likely to benefit from the opportunity to attend formal support groups as soon as possible after surgery. Supportive psychological and social interventions such as formal support groups and peer support programmes may provide a powerful and inexpensive addition to routine care (Jelic & Eldar 2003). Currently, such programmes are unavailable in odisha. Group discussion about the self - management, coping strategies, problem solving skills, relaxation techniques, self - care skills, rehabilitation and recovery process and mood adjustment should be extremely beneficial to people with LEA at all stages of the amputation trajectory.

Congruent with previous studies (Beck & Weishaar 2000, Sjodahl et al.2004, Williams et al.2004), the impact of social isolation appeared to have physical, psychological and social repercussions in the present study. People with LEA described feeling embarrassed by their impaired physical appearance and assumed that they would be socially rejected. It was interesting to find that many participants in the present study isolated themselves rather than risk rejection by society. Many participants reported that they did not want to go outside and meet any visitors, because they were afraid of the potential reactions of others.

Half of the participants with lower limb amputations in the current study were not currently sexually active. Levels of anxiety and depression were significantly related to levels of sexual dysfunction. Body exposure self - consciousness during sexual activity was the greatest predictor of sexual dysfunction. The research literature on sexuality in amputees is limited. However, the present study corroborates the findings of a prominent investigation on the topic by Williamson and Walters (1996), which suggested that sexual activity in a couple was influenced by the perceptions of the spouse regarding the stump or prosthesis. Results indicated that higher levels of depression and anxiety among persons with an amputation were related to higher levels of sexual dysfunction. The effects of depression and anxiety on sexual problems within the general population have been well documented in the research but, until now, they have not been empirically studied among persons with an amputation (Baldwin D., 2001). These findings do not imply causation but rather highlight that anxiety and mood are significantly associated with sexual functioning following limb loss. Additionally, these findings support those reported by Williamson and Walters who found that perceived negative impact of amputation on sexual activity was the most consistent predictor of depression following amputation

Perception of stigma as personal problem of the victims themselves can sometimes lead to disabled people being treated differently by non - disabled people because the latter may make assumption, on the basis of the disability, about all aspects of the individual's personality and functioning.

People with amputation need to adapt to the loss and changes in the pace of life in interpersonal, social and professional interactions. There was a gender difference in context of Quality of life in subjects with lower limb amputation. The key findings of the study suggest that the females with lower limb amputation have lower quality of life in comparison of males with lower limb amputation (Shivangi Mehra, 2021). Previous studies focused their approach primarily on physical functioning and the use of prostheses. However, in the last ten years, new research approaches have been introduced to understand the psychosocial aspects of this population.

The menstrual experiences and needs women amputee are rarely accounted for in menstrual discourse, particularly in low - and middle - income countries. If menstruation is too challenging for a disabled person, menstrual manipulation can help alleviate issues through suppressing periods, or reducing the amount and days of menstrual flow. The goal should be to maintain the person's rights and choices, while avoiding harm, and working within the scope of the patient's understanding of their reproductive health and cycle. The present study relied heavily on maternal support with menstruation, placing them in contrast to their peers without disability who although may 'lack confidence' in some aspects of menstrual management, are likely to manage their hygiene needs independently and discretely. Future research may offer insight into how amputees bring their own experiences of menstruation after amputation may acknowledge and respond to these realities.

6. Conclusion

The findings in the present study highlighted the unique experiences and issues that women amputees faced in day to day life. Scarcity of Indian studies in the area has been observed. In odisha there is no such studies on women amputee. More research work needs to be done in regional cultural context regarding difficulties of women amputees. Continuous review of changing experience of women amputees needs to be documented. Patients with lower limb amputation had a worse perception of their quality of life, especially with regard to the dimensions of vitality and functional capacity, when compared with the general population.

In sum, depression, suicidal ideation, and PTSD are the most common psychological reactions in individuals with traumatic amputation. We expected that all women amputee are dependent on family members but the findings of this study did not show any such relationship Hence, the study opens a new path that women amputee adjust with the situation very easily.

The findings of the present study provide motivation for disability services in odisha to challenge the discourse of silence around menstruation and account for the menstrual needs of young women amputee for menstrual care. For example, orienting programs to embed value in constructs such as 'interdependence' will help to positively position young women as active agents in their menstrual care and contribute to the uptake of positions of power. Provision of education will also equip young women with knowledge and skills to navigate their specific menstrual needs. Few investigations have been directed toward identifying the psychological and social factors that may contribute to these problems and more research with a larger population is needed in this area.

Our findings confirm that women amputee have frustration about their future. so it needs serious attention from academicians, policy makers and community members to extend a support system to empower them. With the importance of this topic in the lives of people, especially, in this present society where image and well being are no more taken for granted, the author expects this topic to be seen as a step pointing to some other more important topics in this kind of area. In the process of the review, it was realized that people who have not experienced amputation or gone through shared experience with an amputated victims, may not see this topic as demanding as it is. Our study raises some important new findings on an understudied aspect of the experience of limb loss: the self - identity changes. Even though some of the referred patients' themes have been addressed by previous studies, they have never been explored and approached as being integrated, and as being part of the whole self. The resulting theoretical model offers a great picture of these self - identity changes, points to some clues concerning the adjustment process and identifies which areas of the patients' functioning might be more affected by the impairment. These findings are particularly important for understanding a patient's course of adjustment and planning some psychotherapeutic targets

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