Original Research Article

Individual perceptions and health seeking behaviour of rural postmenopausal women

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ABSTRACT

Background: Menopause is a universal phenomenon in woman's life. Severe problems during these period impacts on quality of life. Majority of the rural areas has poor knowledge and poor seeking behaviour due to various factors.

Methods: A cross sectional descriptive study was conducted in rural field practice area of Osmania Medical College using pre designed and pretested questionnaire schedule about socio demographic profile, their perceptions of menopause and their related problems; various post menopause related health problems classified using modified menopause rating scale and their health seeking behaviour was assessed.

Results: Mean age at menopause was 44.8 yrs. Majority of them (41.8%) perceived their health the same; 37.2% as deteriorated and 4.7% welcomed positively. Common reasons for deterioration were joint pains, eye problems and weight gain. About 35% of them sought health care for any of the postmenopausal health problems. Of these they mostly visited for cardiovascular and skeletal disorders which are long term effects of menopause.

Conclusions: Most of the postmenopausal women perceived their health the same and their health seeking behaviour was also less which implies a great need to educate and create awareness about the problems related to menopause.

Keywords: Post menopause, Perceptions, Health seeking behaviour

INTRODUCTION

Menopause is welcomed as a favourable event in most parts of India unlike in the West. This is attributed to the many perceived benefits of menopause such as freedom from the burden of childbirth; the discomforts associated with menstruation and are given a higher social status.

Although menopause is a universal phenomenon there is a considerable variation among women regarding the manifestations of signs and symptoms due to the decreased oestrogen. Most of our women pass through menopause as a normal physiological manifestation of the ageing process but with a potential for precipitating post menopause related health problems related to

duration of attainment of menopause. These women perceive positively welcoming menopause as they acquired freedom from regular menstrual cycles associated with pain and inhibition to attend rituals during that period but others perceive negatively with increase in chronic disorders. Most of them do not seek medical intervention. This could be primarily because they prioritize their children's need as priority and also their "cultural silence" to discuss about reproductive and sexual problems. Further they may not be aware of the symptoms and services available to tackle them. Not much effort was focused on needs of post-menopausal women although there has been growing attention on ageing which mainly focuses on women aged 60 years and above.¹ Hence, there is an urgent need to intervene in early postmenopausal period by imparting knowledge

regarding menopausal health perceptions and treatment so that it goes a long way in improving post-menopausal health. Therefore an attempt has been made to study their perceptions and treatment seeking behaviour among rural Postmenopausal women.

METHODS

A cross sectional study was conducted for a period of six months (June to December 2015) at rural field practice area attached to Osmania Medical College serving three sub-centres with total population of 19,622. (Source: Household register maintained at Rural Health Centre). The study population comprised of postmenopausal women aged above 40 years residing in the rural field practice areas meeting the following criteria: postmenopausal women who had attained natural menopause and aged 40-70 yrs were included. Premature and surgical menopausal women were excluded from the study.

Average prevalence of postmenopausal health problems in different Indian studies varies from 40-60%.²⁻⁴ Therefore the prevalence of 50% was considered and calculated using $N=4 \text{ pq/l}^2$. Taking non response rate of 8% and sample size was rounded to 430. By lottery method of simple random sampling Chitkul sub-centre was chosen. Out of the total six villages, 4 villages were chosen namely Chitkul village (5580), Pocharam (1203), Ganapathiguda (502) and Bachuguda (974). Total 448 women were contacted, of whom 18 were unwilling. Data collection was done by visiting houses and interviewing the study subjects using a pre-designed, pre-tested and pre-coded questionnaire by interview method about their socio-demographic profile, their perceived changes on attaining menopause and treatment seeking behaviour i.e. health care services approached after suffering any of the menopausal symptoms in the past 6 months was noted. These were assessed using modified menopause rating scale composed of 11 items divided into three subscales-short term problems (somatic); intermediate problems (psychological and urogenital); long term problems (gynaecological, cardiovascular and skeletal disorders).⁵ Somatic included hot flushes, palpitations, sleeping problems, muscle and joint pains. Psychological included depressive mood, irritability, anxiety, physical and mental exhaustion. Urogenital problems included sexual, bladder problems and dryness of vagina. Gynaecological included vaginal discharge, mass per vagina and postmenopausal bleeding; cardiovascular disorders included hypertension, stroke and coronary artery disease; skeletal disorders included osteoarthritis, fracture and dislocations. Institutional ethical approval and informed consent was obtained from the women who participated in the study. Data was entered and analysed using frequency, mean and standard deviation wherever required using Microsoft excel 2007.

RESULTS

Mean age of the rural study participants was 56.6 years. Mean duration since menopause among rural postmenopausal women was 11 ± 8.58 years. Mean age at menopause was 44.8 years. Their socio-demographic profile illustrated as in Table 1.

Table 1: Socio demographic profile of rural postmenopausal women.

Socio demographic variables	Total (N=430)
Age group	Number (%)
41-45	38 (8.8)
46-50	120 (27.9)
51-55	58 (13.5)
56-60	78 (18.1)
61-65	75 (17.5)
66-70	61 (14.2)
Education	
Illiterate	400 (93)
Primary	16 (4)
Middle	4 (0.5)
High	7 (2)
Intermediate	3 (0.5)
Graduate/post-graduate	0 (0)
Occupational status	
Unemployed/housewife	260 (60.5)
Unskilled	101 (23.5)
Semiskilled	8 (1.9)
Skilled	49 (11.3)
Clerical, shop/business	9 (2.1)
Semi professional	3 (0.7)
Religion	
Hindus	379 (88.1)
Muslims	20 (4.7)
Christians	31 (7.2)
Type of family	
Nuclear	296 (68.8)
Joint	129 (30)
Three generation	5 (1.2)

Figure 1: Distribution of postmenopausal women according to socio economic status (Modified BG Prasad's).

Table 2: Reasons for perceiving menopause as deterioration of health.

Reasons for health deterioration	(N=160)	
	Number	Percentage (%)
Weight gain	37	23
Eye problems	58	36
Increase in blood pressure	19	12
Joint pains	108	67.5
Disturbed sleep	3	1.8
Urinary problems	10	6.2
Cancer	1	0.6
Others	8	5

*Multiple responses.

Table 3: Treatment seeking behaviour among rural postmenopausal women.

Menopausal symptoms (n=430)	Sought health care (%)	Private practitioner (%)	Government (%)	Registered medical practitioner (%)	Traditional (%)	Over the counter drugs (%)	Not seeking care (%)
Any somatic problems (n=311)	47 (15.1)	0 (0)	3 (6.38)	18 (38.29)	4 (8.53)	22 (46.8)	264
Any psychological problems (n=129)	1 (0.7)	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)	128
Any urogenital problems (n=92)	17 (18.39)	1 (5.8)	10 (62.5)	4 (25)	2 (12.5)	0 (0)	75
Any cardiovascular disorders (n=59)	31 (52.54)	11 (35.48)	20 (64.52)	0 (0)	0 (0)	0 (0)	28
Any skeletal disorders (n=65)	25 (38.46)	10 (40)	2 (8)	8 (32)	3 (12)	2 (8)	40
Any one postmenopausal health problems (n=340)	119 (35)	22 (18.5)	39 (33.84)	25 (21)	9 (7.56)	24 (20.1)	221

Majority of the postmenopausal women belonged to upper lower class 223 (52.3%) followed by lower class constituting 114 (26.5%).

About 180 (41.8%) perceive their health the same after attaining menopause; 160 (37.2%) perceive as deteriorated; 70 (16.3%) could not say and 20 (4.7%) had welcomed menopause positively. Their main reasons for this perception were their freedom from menstruation and attending active rituals.

Common reasons for their health deterioration was joint pains 108 (67.5%), eye problems 58 (36%) and weight gain 37 (23%) depicted in Table 2. Only 119 (35%) of them approached for treatment.

Detailed treatment seeking behaviour depicted in Table 3. Present study revealed that for any of the postmenopausal health related problems 119 (35%) only sought health care. Majority approached government 39 (33.84%), followed by registered medical practitioner 25 (21%) and over the counter drugs 24 (20%). About 31 (52.54%) had

sought for cardiovascular disorders and 25 (38.46%) for skeletal disorders. Of the total 119 postmenopausal women who had sought treatment 64 (53.78%) were taking anti-hypertensive followed by non-steroidal anti-inflammatory drugs 45 (37.81%) and calcium supplement 19 (15.96%). None were taking hormonal replacement therapy and soya.

DISCUSSION

Most of the respondents were illiterates 400 (93%). Majority were unemployed/house- wives comprising a total of 260 (60.5%) followed by unskilled workers 101 (23.5%). In the present study most of the respondents in rural areas belonged to upper lower class 116 (52.3%) and majority were Hindus 88.1%. Subrahmanyam who conducted study among menopausal women of rural Kerala found the mean age at menopause was 48 ± 2.16 years.⁶ Contrast to our study about 55% of them completed high school education; 65.2% were house wives and 56.7% were Hindus. Only 30.8% sought medical help for menopausal problems.⁶

Similar findings were observed in a study conducted by Christian in rural Vadodara wherein it was observed that women predominantly (n=110, 74.8%) were illiterate; majority were housewives (n=108, 73.5%) and only few were laborers (n=37, 25.2%). Most of the women (98.5%) belonged to either upper lower or lower class according to modified Prasad's classification (58.5% and 40% respectively).⁷ Most of them belonged to Nuclear families 296 (68.8%), Joint families were 129 (30%) and the rest were three generation families 5 (1.2%). Similar distribution of family was found by Nitika and Sharma among women in rural area of Kangra district where it was observed that majority of the respondents (75.83%) belonged to nuclear families and rest belonged to joint families (24.17%). This could be attributed to rapid industrialization and urbanization leading to migration.⁸

Present study found 41.8% to perceive changes in health after attaining menopause as the same and 37% perceived as deteriorated. The main reasons were joint pains, eye problems and weight gain. Few of them perceived positively due to their freedom from menstruation and attending rituals. Contrasting to our study Wilhelmina cathline who conducted study among Nigerian (Tema) menopausal women communities found that majority perceived menopause positively as a natural process of aging, finished their child birth, relieved from dysmenorrhea and also from buying sanitary napkins. Some of them mentioned as negative perception as it was associated with unpleasant symptoms such as general body weakness, heart diseases as well as waist and joint pains.⁹

Ramakuela et al who conducted study among South African rural menopausal women found negative perceptions regarding menopause due to cultural factors in the villages and most of them did not have family support.¹⁰ Ama et al assessed the perceptions among Botswana menopausal women found that majority were free from menstruation, cost of buying napkins and more relaxed while others felt as heralding medical problems such as bones becoming weak, loss of libido, vaginal discharge and prolapse.¹¹

In our study only 35% of them sought health care and was mainly for cardiovascular and skeletal disorders which are long term health problems. Contrastingly Khan found 56.5% of Moradabad postmenopausal women to sought treatment. Most of the women were unwilling to discuss as they considered it as normal aging process, hesitant and shy to disclose and also had financial problems.¹²

In a study by Joseph among Idduki menopausal women - 47% accepted their menopause without any regrets as a normal process of ageing; 38% of these women perceived that menopause liberated them from worries of menstruation and pregnancy; 13% had the perception that they became old after menopause; 10% of women thought that they lost their womanhood with menopause;

6% perceived that they regretted losing their youth, while another 4% had regrets in losing their fertility.¹³

Similar findings by Madhukumaretal in rural Bangalore reported that 45% of post-menopausal women reported that their health had deteriorated after attaining menopause. Reasons for deterioration were mainly headache, limbs/joints pain, body ache, heaviness of the body and general fatigue. Only (21.7%) took treatment for menopausal symptoms. Some women took calcium or some ayurvedic treatment or over the counter drugs to treat menopausal symptoms. Majority of females took treatment without doctors' advice.¹⁴ Khan and Hallad in their study among Indian rural women of North Karnataka reported that 47.7% of postmenopausal women perceived that their health remained the same after attaining menopause. Majority of postmenopausal women (77.5%) did not seek any treatment. Those who sought health care (40.5%) had approached private hospital.¹⁵

CONCLUSION

Most of the postmenopausal women opined their health remained the same compared to that of earlier and those who perceived negatively had joint pains, eye problems and weight gain. Limitation of our study could be that perceptions are better elicited by qualitative methodology. Health seeking behaviour was found to be less and therefore larger efforts are required to educate and counsel about the changes that occur after menopause and enable them to seek appropriate health care to improve their quality of life.

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