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Research Article

Health seeking behaviour among post-menopausal women: a knowledge, attitude and practices study

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ABSTRACT

Background: Ageing women suffer problems associated with senility along with that of the reproductive tract changes. Unless the woman is treated as a whole, her problem is actually not addressed. With this background, the present study was undertaken with the following objectives: to identify the major health problems of postmenopausal women, to determine the level of knowledge, attitude and practices of postmenopausal women in terms of seeking Health care facilities for their problems and to determine the utilization pattern and barriers to utilization of health care services by these women.
Methods: It was a community based cross-sectional study conducted in the registered field practice areas of the Department of Community Medicine, Jawahar Lal Nehru Medical College and Hospital, Aligarh from June, 2012 to May, 2013. The study tools consisted of pre-tested and semi-structured proforma and standard Menopausal Rating scale (MRS) questionnaire.
Results: Psychological symptoms were reported by 34.3%, somatological symptoms by 60.1% and urogenital symptoms by 59.6% of the study population. To deal with these problems, majority in urban areas said that a doctor should be consulted whereas majority in rural areas either said that they did not know what could be done or traditional or home-based measures should be resorted to.
Conclusions: A large majority suffered from ill-health. Most rural women had no access to health services. Lack of knowledge and traditional practices were barriers to utilization of services.

Keywords: Postmenopausal women, Psychological, Somatological, Urogenital symptoms

INTRODUCTION

Menopause is welcomed as a favorable event among rural women in India. This is attributed to the many perceived benefits of menopause such as freedom from cultural restrictions imposed on younger women and the burden of childbirth as well as the discomforts associated with menstruation. In India, elder women of the house, who have preferably reached menopause are said to enjoy a higher social status. Administrative roles are assigned to these women. However, medical opinion has always projected menopause as a malady because of its association with a variety of acute and chronic conditions, both physical and psychological, which range from hot flushes to more severe cardio-vascular and bone diseases.[1] In India, during the last 10 years, there has been a numerical increase in elderly population (aged 45 years and above) and presently around 20.1% of women

fall in this age group. In general, women have a more complex phase of old age than men because of the effects of hormonal changes that occur to them due to menopause.[2] Many millions of women turn older before time, by the daily harshness and inequalities of their earlier lives, beginning in childhood. They experience poor nutrition, reproductive ill health, dangerous working conditions, violence and lifestyle-related diseases, all of which exacerbate the likelihood of breast and cervical cancers, osteoporosis and other chronic conditions after menopause. In old age, poverty, loneliness and alienation are common.[3]

Ever since the RCH approach was adopted, much has been done for women of reproductive age-group but not much effort has been made to study the needs of women in the late reproductive years those who are nearing menopausal age or have moved into the post-menopausal age. The present study was designed to be undertaken in postmenopausal women to know their Psychological, somatological and urogenital problems, to determine their utilization pattern of the health care services and to find out the barriers, if any. The purpose of the study was to illuminate the impact of these problems on these women's health and wellbeing. Therefore, the objectives of this study were to identify the major health problems of postmenopausal women, to determine their level of knowledge, attitude and practices of postmenopausal women in terms of seeking Health care facilities for their problems and to determine the utilization pattern and barriers to utilization of health care services by these women.

METHODS

It was a community based cross sectional study. All the households registered under Urban Health Training Centre (UHTC) and Rural Health Training Centre (RHTC), Department of Community Medicine, JNMCH, Aligarh were taken under the sampling frame. All postmenopausal women who are residents of the study areas of UHTC (namely Firdous Nagar, Nagla Quila, Shahanshahbad and Patwari ka Nagla) and RHTC (Jawan, Sumera, Tejpur, Chota Jawan G.Bhojpur, Jawan Sikandarpur and Sumera Jhal) were included. The study period was one year i.e. from June, 2012 to May, 2013.

Inclusion criteria

Women who had attained menopause.

Exclusion criteria

Women who did not give consent, those who had not attained menopause, those who were receiving hormone replacement therapy (HRT).

The sample size was taken according to the study conducted by Puri et al in the urban and slum areas of Chandigarh where out of 71.4% of the total females who had attained menopause at the time of study, 42.7% had vaginal irritation/discharge, which is used for calculating the sample size for this study4. The total sample size was calculated according to the formula $N = z^2pq/L^2$ where p stands for prevalence (42.7%), q = 100- p, L = relative error = 15% of p, the corrected sample size was 262. Considering design effect and taking similar sample size from rural as well as urban areas, a total of 530 postmenopausal women were approached with study tool comprising of pre-tested and pre-structured proforma and Menopausal Rating scale (MRS) questionnaire. Systematic random sampling and proportionate to population size method (PPS) was used. The proforma consisted of personal details including the name, age, address, marital status and religion, occupation, educational status, total family income, type of family, place of residence, locality etc. and detailed history of uro-gynaecological complains if present. Various parameters of relevance along with socio-demographic profile of patients were studied.

Menopausal rating scale (MRS) questionnaire

The MRS is self- administered instrument which has been widely used and validated. It is used in many clinical and epidemiological studies, and in research on aetiology of menopausal symptoms to assess the severity of menopausal symptoms. The MRS is composed of 11 items and was divided into three subscales : (a) somatic- hot flushes, heart discomfort /palpitation, sleeping problems and muscle and joint problems; (b) psychological- depressive mood, irritability, anxiety and physical and mental exhaustion and (c) uro-genital - sexual problems, bladder problems and dryness of vagina. They are assessed through Likert scale and each of 11 symptoms contained a scoring scale from '0' (no complaints) to '4' (very severe symptoms). The original German MRS scale was initially translated and culturally adapted into English. For this study, translated version of the questionnaire into local language was used.[5]

Data analysis

Data was analyzed using the SPSS version 20.0 (IBM, Chicago, USA). Standard error of difference between the two proportions, Chi-square test and logistic regression analysis was applied wherever applicable. The value of $p<0.05$ was considered as significant for this study.

Ethical issues that were considered are as follows:

- Informed verbal consent was taken from each subject before interview. The nature and purpose of the survey were explained to them.
- Confidentiality and privacy during examinations were assured.
- Interviews were conducted in a non-hostile and non-judgmental manner.
- Local cultural values and ideas were respected.

- Health education and counseling regarding the risk factors for development of different problems were provided to all the respondents. Permission from the Institutional Ethics Committee, Faculty of Medicine, AMU, Aligarh was taken. Management or referral of the patients was done at the respective Centres wherever needed as per requirement

RESULTS

Socio-demographic profile

The mean age of the study population is 58.14±8.45 years. Median age is 57.0 years and mode is 50.0 years. All the study subjects had attained menopause at the time of commencement of the study.

Table 1: Socio-demographic profile of the study population.

	Residence		Total (%)
	Rural (%)	Urban (%)	
Marital status			
Married	187 (70.6)	150 (56.6)	337 (63.6)
Single	5 (1.9)	13 (4.9)	18 (3.4)
Widow	73 (27.5)	102 (38.5)	175 (33.0)
Religion			
Hindu	181 (68.3)	74 (27.9)	255 (48.1)
Muslim	78 (29.4)	184 (69.4)	262 (49.4)
Christian	5 (1.9)	4 (1.5)	9 (1.7)
Others	1 (.4)	3 (1.1)	4 (.8)
Education status			
Illiterate	237 (89.4)	190 (71.7)	427 (80.6)
Up to primary school	10 (3.8)	33 (12.5)	43 (8.1)
Middle school/high school	12 (4.5)	23 (8.7)	35 (6.6)
Intermediate and above	6 (2.3)	19 (7.2)	25 (4.7)
Type of family			
Nuclear	68 (25.7)	84 (31.7)	152 (28.7)
Joint	194 (73.2)	161 (60.8)	355 (67.0)
Living alone	3 (1.1)	20 (7.5)	23 (4.3)
Occupation			
Unemployed/retired/homemaker	208 (78.5)	222 (83.8)	430 (81.1)
Unskilled/semiskilled	41 (15.5)	29 (10.9)	70 (13.2)
Skilled	2 (.8)	2 (.8)	4 (.8)
Clerical/shopkeeper/farmer	12 (4.5)	11 (4.2)	23 (4.3)
Professional	2 (.8)	1 (.4)	3 (.6)
Source of income			
Self	53 (20.0)	35 (13.2)	88 (16.6)
Spouse	66 (24.9)	58 (21.9)	124 (23.4)
Children	133 (50.2)	137 (51.7)	270 (50.9)
Old age pension schemes	9 (3.4)	23 (8.7)	32 (6.0)
Others	4 (1.5)	12 (4.5)	16 (3.0)
Chi square value= 14.3, p=0.006			
Overcrowding			
Present	176 (66.4)	137 (51.7)	313 (59.1)
Absent	89 (33.6)	128 (48.3)	217 (40.9)
Chi square value= 11.9, p=0.001			
SLI (Standard Of Living Index)			
Low	122 (46.0)	68 (25.7)	190 (35.8)
Medium	90 (34.0)	148 (55.8)	238 (44.9)
High	53 (20.0)	49 (18.5)	102 (19.2)
Chi square value= 29.6, p=0.00			

As shown in Table 1 and Figure 1, maximum number of respondents (29.6%) belonged to the age group of 56-60 years. The number of respondents in age group 41-45 years was only 2.3% of total. This is because only post-menopausal women were included in the study and the average age at menopause found in this study is 46.54 years and it is consistent with the various studies done in India and abroad as discussed later in the discussion. 14.0% of the respondents in rural areas and 29.1% in urban areas belonged to the age group 45-50 years. This difference in the age groups may be due to the fact that many households in urban area were migrants and may have left behind the elderly at their native places. When compared on the basis of marital status, in the rural areas 70.7% of the study subjects were married, 1.9% were single, and 27.5% were widowed; in the urban areas, 56.6% of the study subjects were married, 4.9% were single and 38.5% were widowed. This was found similar to a study which reported the marital status of the 521 women they studied as: currently married 82%; cohabiting 2%; single 6%; divorced or separated 6%; widowed 4%. Comparing them by religion, in the rural areas 68.3% of the study subjects were Hindus, 29.4% were Muslims; whereas in the urban areas, 27.9% of the study subjects were Hindus, 69.4% were Muslims.[6]

Table 2: Table showing the menopausal symptoms experienced by the study group.

Menopausal Symptoms		No. of post-menopausal women affected	Symptoms percentage (%)
Psychological Symptoms In 181out of 530 (34.3%)	Depression	15	8.3%
	Irritability	26	14.4%
	Anxiety	31	17.1%
	Exhaustion (physical & mental)	109	60.2%
Somato-vegetative symptoms In 318 out of 530 (60.1%)	Hot flushes/ Night sweating	68	21.4%
	Cardiac problems	18	5.7%
	Sleeping disorders	95	29.9%
	Joint and muscle discomfort	137	43.1%
Uro-genital Symptoms In 316 out of 530 (59.6%)	Sexual problems	2	0.06%
	Bladder problems	225	71.2%
	Vaginal dryness	89	28.2%

When compared on the basis of educational status, both in the rural and urban areas majority of the study subjects were illiterate. When compared on the basis of type of family, in the rural areas 27.5% of the study subjects were having a nuclear family, 73.2% were living in a joint family and 1.1% were living alone; in the urban areas, the figures are 31.7%, 60.8% and 7.5% respectively. This was found slightly different from a study done in a rural area of Kerala where majority of women (64.4 %) in the study sample were living in nuclear family and 71.6% of the all study subjects were house wives. This can be because Kerala has highest literacy rates and a bulk of the younger lot of population migrates abroad. Majority of the women in both rural and urban areas were unemployed/retired or homemakers. Majority of the women in both the rural and urban areas were dependent on their children. 20.0% in rural and 13.2% in urban areas were self-dependent financially.[7] Another study carried out in rural district of Vadodara that 74.8% were not literate and 42.9% were dependent on their children for daily living.[8] In a report by Government of India, among elderly women, less than 20% depended on their spouses, more than 70% on their children, 3% on grandchildren and 6% or more on others including the non-relations.[9] In the present study, overcrowding was found more in rural areas (66.4%) compared to urban areas (51.7%). SLI was low for most of the rural women whereas it was medium for maximum number of women belonging to the urban areas.

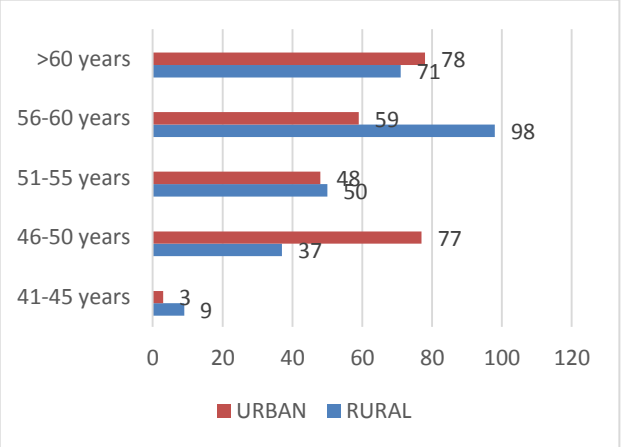

Figure 1: Stacked column chart showing age distribution (in percentages) of the study population (area-wise).

Health problems of post-menopausal women: As shown by Table 2, psychological symptoms were reported by 34.3% women. Out of these, depression, irritable nature, anxiety, and physical and mental exhaustion were reported by 8.3%, 14.4%, 17.1% and 60.2% women respectively. Out of the 60.1% women reporting somato-vegetative symptoms, hot flushes/ night sweats were reported by 21.4%, cardiac problems by 5.7%, sleeping problems by 29.9% and Joint and muscle discomfort by 43.1% women. Among the uro-genital symptoms sexual

problems, bladder problems and vaginal dryness were experienced by 0.06%. 71.2% and 28.2% of the women. Hence, Bladder problems were most common followed by Joint and muscle discomfort followed by Exhaustion (physical and mental).

Table 3: Knowledge, attitude and health seeking behaviour.

	Residence		Total
	Rural	Urban	
Which is the nearest available gynaecological care health facility?			
Government	105 (39.6)	106 (40.0)	211(39.8)
Private	34 (12.8)	145 (54.7)	179(33.8)
Others	126 (47.5)	14 (5.3)	140(26.4)
Have you ever visited this health facility?			
Yes	150(56.5)	195(73.6)	345(65.1)
No	115(43.4)	70(26.4)	185(34.9)
If never, why?			
Far away	34(29.6)	7(10)	41(7.7)
Do not trust	31(26.9)	2(2.9)	33(6.2)
Other reasons	50(43.5)	61(87.1)	111(20.9)
How do you travel?			
Walking	106(70.7)	26(13.3)	132(38.3)
Public transport	29(19.3)	99(50.8)	128(37.1)
Own vehicle	15(10.0)	70(35.9)	85(24.6)
What kind of medical problems affect postmenopausal women?			
Gen. symp.	203(76.6)	203(76.6)	406(76.6)
Menop. symp	56(21.1)	31(11.7)	87(16.4)
Gyn. prob.	6(2.3)	31(11.7)	37(7.0)
Why do these problems occur?			
Old age	122(46.0)	134(50.6)	256(48.3)
Menopause	5(1.9)	14(15.1)	45(8.5)
God's will	23(8.7)	18(6.8)	41(7.7)
What should be done to avoid these problems?			
Consult a doctor	12(4.5)	140(52.7)	152(28.7)
Traditional/home-based	106(40.0)	30(11.5)	136(25.7)
Nothing can be done	20(7.6)	6(2.3)	26(4.9)
Don’t know	127(47.9)	89(33.5)	216(40.8)

DISCUSSION

The above found lacuna in the knowledge was found similar to a study on post-menopausal women where more than half (53%) reported seven or more symptoms at menopause. The majority (85%) admitted that menopause adversely affected women's physical health.[10] Similar views were aired in another study where 57% of postmenopausal women perceived menopause as convenient and 69% per cent of them complained of diminishing abilities after menopause.[1] A study reported that although the awareness of cervical cancer was widespread, knowledge about causes was often inadequate.[11] Barriers to accessing care were similar to that found in the present study and included: low priority for seeking help for symptoms, limited availability of health services and cost. According to another report regarding practices related to menopause, 88.9% had never consulted a physician for their problems.[12] In a study conducted in late 90s, it was reported that approximately one-fourth (24%) of the respondents had never had a Pap test, and over one-half (53%) had not been screened recently.[13] As this is just a glimpse of the western developed world, and the situation in countries of the developing world can be expected to be much worse which actually is. Similar to the findings of the present study, a study found out that although nearly one third to one half of postmenopausal women experienced the symptoms of urogenital atrophy, they are often overlooked because patients may be reluctant to discuss them and clinicians fail to screen for them.[14] As the above study observed that those women who never visited this preferred health facility, a majority gave reasons such that it was far away, that they did not trust the facility, there was no one to accompany them or they preferred resorting to home-based remedies for their ailments.

Similar views were aired by a study on women with self-reported uterine prolapse, and reported that reasons for non-consultation included shyness (80; 63%), lack of cooperation by the husband, lack of time (80; 63%) and lack of money (74; 58%).[15] Another study reported that of all the incontinent women in their study, 20% women consulted some health agency and only 8.6% women had heard about pelvic floor muscle exercises.[16]

The present study also confirmed the findings as most women were unwilling to discuss their problems as either they were hesitant, suffered financial problems or they considered these problems a part of the ageing process. These findings are also supported by the study which reported out of the total study population taken, only (21.7%) took treatment for menopausal symptoms.[17]

CONCLUSION

A large majority suffered from ill-health. Most rural women had no access to health services. Lack of knowledge and traditional practices were barriers to utilization of services. Majority of females took treatment without doctor's advice. In the study population women had the opinion that all these problems are very common at this age and they are self-limited. They said they never considered these problems serious and some were not even aware that treatment is available. Some women did not seek medical help due to family or financial problems. The older women are a neglected entity in the present scenario. In the targets to provide universal health care, these women who are otherwise a neglected entity should be taken care of.

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