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**Original Research Article**

# Treatment seeking behavior among post-menopausal females attending out-patient clinic of Obstetrics and Gynecology at a tertiary care centre, Bhopal, Madhya Pradesh

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## ABSTRACT

**Background:** Onset of menopause causes a variety of somatic, sexual, vasomotor and psychological manifestations which can deteriorate the quality of life of women. According to sample registration system (SRS) 2014, the proportion of women aged 45-59 years is 15.3% and thus it is imperative for healthcare providers to focus more attention on the health of postmenopausal women. In India, however this phase of life is generally ignored. The objectives of the study were to determine the health seeking behavior of postmenopausal women with respect to the problems faced during menopause and to determine the utilization pattern and barriers to utilization of health care services.
**Methods:** Prospective cross-sectional study for one year period starting from 1 July 2015 to 30 June 2016. Data collected using Systematic Random Sampling from 255 postmenopausal women and entered into MS excel 2007. Analysis done with Epi-Info 7.2. Chi- square applied as statistical test of significance and $p<0.05$ considered to be statistically significant.
**Results:** In present study, majority (73.33%) participants did not take any treatment. 10.98% and 6.67% gave history of self medication and use of home remedies, respectively. Statistically significant correlation was found between treatment taken and factors like residing locality, education and socio-economic class. The most common reason for delayed or no treatment seeking was unawareness, followed by financial issues.
**Conclusions:** Majority postmenopausal women faced one or more problems associated with menopause but very few sought treatment. Lack of knowledge and financial constraints were found to be major barriers to utilization of health services.

**Keywords:** Postmenopausal females, Treatment seeking behavior, Tertiary care centre, Cross-sectional study, Bhopal

## INTRODUCTION

Menopause is a stage of paramount importance in the life of a woman marked by her last menstrual period as it signifies the end of reproductive phase of a woman's life where the ovaries gradually cease to function passing through the phase known as menopausal transition or perimenopause.[1,2] This depletion of ovarian function causes a variety of somatic, sexual, vasomotor and psychological manifestations that are responsible for deteriorating the quality of life of women.[3-5] Menopause can also be surgically induced by hysterectomy with or without oophorectomy, and this is referred to as surgical menopause. Menopause can also happen due to treatment

with cytotoxic chemotherapeutic agents and the gonadotrophic releasing hormone agonist.[6]

Menopause has now become a predominant subject of study as the life expectancy is globally on an increase due to provision of better nutrition and advancement of health care systems, which has led to a rise in the geriatric population including postmenopausal females.[7] The average life expectancy at birth for females in India is 69.9 years.[8] The average age at natural menopause ranges from 45-53 years both in the developed as well as developing countries.[9-13] This implies that women now live approximately more than one third of their life after ovarian failure.

According to sample registration system (SRS) 2014, the proportion of women aged 45-59 years is 15.3 per cent which is a significant proportion of the population.[14] With the increasing average length of the postmenopausal life span, it has now become imperative for healthcare providers to focus more attention on the health of this group of women to ensure that they enjoy these twilight years of their life optimally. The loss of reproductive capability resulting from menopause is a critical issue that represents the end of fertility and the onset of the aging process. Symptoms of menopause are multiple and differ from one study to the other. For some women, these menopausal symptoms are severe and pose a challenge to their activities of daily life but for others they are mild and the transition is acceptable.[15] It has been opined that these symptoms may be influenced by a combination of physical changes, cultural influences and individual perceptions and expectations.[16] Menopause is not a disease but the symptoms and their severities which are mainly subjective can be very challenging.

In India, however this phase of life is generally ignored and the women chooses to mourn silently. A woman is given adequate care from teenage till reproduction and over the past decades policy makers have become concerned with the issue of protecting the rights of the senior citizens. However there exists a glaring gap in health issues for women in their forties and fifties or the so called middle- aged women. This group has been totally overlooked by the policy makers, as they cross the boundaries of reproduction and does not fall under old age.

### *Aims and objectives*

The objectives of this study were to determine the health seeking behavior of postmenopausal women attending out-patient clinic of obstetrics and gynecology at a Tertiary care centre in Bhopal with respect to the problems faced during menopause and to determine the utilization pattern and barriers to utilization of health care services by these women.

## METHODS

A prospective cross-sectional study was carried out over a period of one year starting from 1 July 2015 to 30 June 2016, among postmenopausal females attending the gynecology OPD of Obstetrics and Gynecology at Sultania Zanana Hospital, Bhopal, Madhya Pradesh which is the teaching Hospital of Gandhi Medical College, Bhopal, Madhya Pradesh. Those females who had amenorrhea continuously at least past 12 months and those females who had attained menopause surgically by means of total abdominal hysterectomy with bilateral salpingo-oophorectomy or had documented exposure to cytotoxic chemotherapeutic agents at least 6 months back and willing to participate in the study were included. Exclusion criteria included females already undergoing treatment for hypo estrogenic states and those who were severely ill. Ethical clearance was taken from the ethical committee of the Institution.

The sample size for the present study was calculated on the basis of a pilot study which was done for one month. For the first fortnight of the month, a daily visit was made to gynecology OPD at Sultania Zanana Hospital, Bhopal, and all postmenopausal females those who reported to OPD and fulfilled the criteria laid down for the study were interviewed. For the last fortnight of the month, visit was made for only 3 days in a week. In the first week of the last fortnight, Monday, Wednesday and Friday were chosen for data collection and in next week, other 3 days i.e.; Tuesday, Thursday and Saturday were chosen. All patients on days of visit who fulfilled the study criteria were interviewed. The data collected from pilot study was used for sample size calculation. Sample size was calculated on the basis of the following formula:

$$\text{Sample size} = \frac{Z_{1-\alpha/2}{}^2 \, \mathrm{p}\,(1-\mathrm{p})}{d^2} \times DEFF$$

Here $Z_{1-\alpha/2}$ = is standard normal variate [at 5% type I error ($p<0.05$) it is 1.96 and at 1% type error ($p<0.001$) it is 2.58]. As in majority of studies p values are considered significant below 0.05 hence 1.96 is used in formula.

p = Expected proportion in population based on previous studies or pilot study.

d=Absolute error or precision: it has to be decided by researcher. Precision chosen by me is 0.05.

DEFF = Design effect. It is calculated as Cluster variance /SRS variance

The proportion of the least reported menopausal symptom i.e., Anxiety (Inner restlessness, feeling panicky) in the pilot study was 0.08%. Hence, the sample size without DEFF was:

Sample size = $\frac{1.96 \times 1.96 \times 0.08 \times 0.92}{0.05 \times 0.05}$ = 113.096

Design effect (DEFF) was calculated to be 2.24

Thus, total sample size is 113×2.24 = 253.12

I took 255 cases

The sample included women experiencing natural menopause as well as those in whom menopause was surgically induced. Data were collected using systematic random sampling technique. Three alternating days in a week was decided to collect data. In first and third week of every month Monday, Wednesday and Friday were chosen for data collection and in the second and fourth week Tuesday, Thursday and Saturday were chosen.

After obtaining consent from the study participants and ensuring confidentiality of the data provided by them, data was collected by face-to-face interview of the participants using semi structured questionnaire which included socio-demographic variables like age, education, occupation, monthly income of family, type of family, number of family members, marital status, height (in cms), weight (in kgs). It also included variables related to personal history like addiction, diet, exercise, life style etc. Detailed Obstetric and Gynecological history was taken along with past medical and surgical history. Menopausal symptoms were also assessed by using menopause rating scale (MRS). Details were also obtained regarding whether they sought treatment for menopause associated problems or not, where did they approached for finding solutions to their problems and reasons for delayed or prompt treatment seeking.

Data were entered into MS excel 2007 and analysis done with the help of Epi-Info 7.2 software. Frequency and percentages were calculated. Chi- square was applied as statistical test of significance for association between treatment taken for menopausal symptoms and socio-demographic variables. P<0.05 was considered to be statistically significant.

## RESULTS

Table 1 shows that as far as menopausal symptoms are concerned, majority (73.33%) study participants had not taken any treatment. Out of the 26.67% females who took treatment for menopausal symptoms, almost equal number consulted Gynecologist (33.8%), MBBS doctor (33.8%) and other specialists (27.9%). 5.88% visited traditional healers/quacks. 10.98% and 6.67% gave history of self-medication and use of home remedies, respectively for cure of menopausal symptoms. Table 2 shows the distribution of study participants according to relation between treatment taken for menopausal symptoms and socio- demographic factors. Chi-square was used as the test of significance and p<0.05 was taken to be statistically significant. The table suggests that statistically significant co-relation was found between treatment taken for menopausal symptoms and residing locality indicating that women residing in urban area sought treatment more frequently than those residing in rural area. Also, 47.3% literate women approached for obtaining treatment as compared to 18.23% illiterate women and this difference was found to be statistically significant. Likewise, women belonging to high socio-economic class sought treatment for menopausal symptoms more frequently than women of low socio-economic class and the difference was found to be statistically significant. Table 3 shows the distribution of the study participants according to the reasons for delayed or prompt treatment seeking. The most common reason for delayed or no treatment seeking was found to be unawareness regarding menopause and treatment for menopausal symptoms (73.68%), followed by financial issues (63.68%). 17.39% study participants said that their symptoms were mild and did not disturbed routine life, so they felt it was not necessary for them to seek treatment. 14.73% females said that they could not seek treatment due to lack of social and/ or familial support. On the other hand, the most common reason for prompt treatment seeking came out to be that the symptoms were so severe that they disturbed routine life and hence mandated the need to seek treatment (56.92%). 24.62% females were well informed and aware and an equal number received advice from friends or relatives to seek treatment for menopausal symptoms.

**Table 1: Distribution of study participants according to treatment taken for menopausal symptoms and health professional consulted.**

| S. No. | Treatment taken for menopausal symptoms | Frequency (n=255) | Percentage (%) |
|---|---|---|---|
| **1.** | Yes | 68 | 26.67 |
| **2.** | No | 187 | 73.33 |
| | **If treatment taken then consultation taken by** | **(n=68)** | |
| **1.** | AYUSH doctor | 3 | 4.41 |
| **2.** | MBBS | 23 | 33.8 |
| **3.** | Quacks/traditional healer | 4 | 5.88 |
| **4.** | Gynecologist | 23 | 33.8 |
| **5.** | Any other specialist | 19 | 27.9 |
| | | **(n=255)** | |
| **1.** | Self medication | 28 | 10.98 |
| **2.** | Home remedies | 17 | 6.67 |

**Table 2: Distribution of study participants according to relation between treatment taken for menopausal symptoms and socio demographic factors.**

| Socio- demographic factors | Group | Treatment taken for menopausal symptoms (N=255) | | Total N (%) | Significance (*statistically significant) |
|---|---|---|---|---|---|
| | | Yes (n=68) | No (n=187) | | |
| | | N (%) | N (%) | | |
| **Residing locality** | Urban | 50 (34.01) | 97 (65.99) | 147 (100.00) | $\chi^2$=9.58; df=1; p=0.002* |
| | Rural | 18 (16.67) | 90 (83.33) | 108 (100.00) | |
| **Education** | Illiterate | 33 (18.23) | 148 (81.77) | 181 (100.00) | $\chi^2$=22.69; df=1; p=0.0001* |
| | Literate | 35 (47.30) | 39 (52.70) | 74 (100.00) | |
| **Occupation/ working status** | Housewife | 36 (25.35) | 106 (74.65) | 142 (100.00) | $\chi^2$=0.283; df=1; p=0.594 |
| | Employed/ Working | 32 (28.32) | 81 (71.68) | 113 (100.00) | |
| **Living with family or alone** | Living with family | 66 (27.39) | 175 (72.61) | 241 (100.00) | $\chi^2$=0.588; df=1; p=0.443 |
| | Living alone | 2 (14.29) | 12 (85.71) | 14 (100.00) | |
| **Socio- economic class** | High (I, II) | 29 (76.32) | 9 (23.68) | 38 (100.00) | $\chi^2$=58.685; df=2; p=0.0000* |
| | Middle (III) | 10 (28.57) | 25 (71.43) | 35 (100.00) | |
| | Low (IV, V) | 29 (15.93) | 153 (84.07) | 182 (100.00) | |

**Table 3: Distribution of study participants according to reason behind delayed or prompt treatment seeking.**

| S. No. | Reason for delay in seeking treatment or not seeking treatment | Frequency (n=190) | Percentage (%) |
|---|---|---|---|
| **1.** | Fear/embarrassment regarding symptoms or health provider | 1 | 0.52 |
| **2.** | Lack of social and/ or familial support or advice | 28 | 14.73 |
| **3.** | Too busy to make time to go to the doctor/daily wagers | 3 | 1.58 |
| **4.** | Financial issues | 121 | 63.68 |
| **5.** | Health facility at a distance far from home | 19 | 0.1 |
| **6.** | Receiving treatment at the traditional healer/self treatment | 3 | 1.58 |
| **7.** | Unawareness regarding menopause and treatment for menopausal symptoms | 140 | 73.68 |
| **8.** | Mild symptoms not disturbing routine life | 33 | 17.39 |
| | **Reason for prompt treatment seeking** | **(n=65)** | |
| **1.** | Well informed and aware female | 16 | 24.62 |
| **2.** | Received advice from friends or relatives | 16 | 24.62 |
| **3.** | Symptoms disturbed routine activities/very severe symptoms | 37 | 56.92 |
| **4.** | Availability of health facility nearby | 3 | 4.61 |

## DISCUSSION

In the present study, it was found that majority (73.33%) of the respondents did not took any treatment for menopausal symptoms. Out of the 26.67% females who took treatment for menopausal symptoms, almost equal number consulted Gynecologist (33.8%), MBBS doctor (33.8%) and other specialist (27.9%). 5.88% visited traditional healers/ quacks. The most common reason for delayed or no treatment seeking was found to be unawareness regarding menopause and treatment for menopausal symptoms (73.68%), followed by financial issues (63.68%). 17.39% respondents said that their symptoms were mild and did not disturbed routine life, so they felt that it was not necessary for them to seek treatment. 14.73% women said that they could not seek treatment due to lack of social and/or familial support. On the other hand, the most common reason for prompt treatment seeking came out to be that the symptoms were so severe that they disturbed routine life and hence mandated the need to seek treatment (56.92%). 24.62% women were well informed and aware and an equal number received advice from friends or relatives to seek treatment for menopausal symptoms. Findings similar to the present study were reported by Dienye et al where they concluded that in spite of the available health facilities in the community, the utilization of the services of patent drug dealers is still very high but the services of the traditional healers were poorly utilized as the patent drug dealers were the most consulted (51.4%) followed by health workers (44.7%).[6] The traditional healers were consulted by a small percentage (3.8%). In the present study, 10.98% and 6.67% gave history of self-medication and use of home remedies, respectively for cure of menopausal symptoms. Similarly, Khan et al suggested that to deal with menopausal problems, majority of the women in urban areas said that a doctor should be consulted (52.7%) whereas majority in rural areas either said that they did not know what could be done (47.9%) or traditional or home-based measures should be resorted

to (40.0%).[17] 43.4% of the rural women had never visited any health facility for menopausal problems as compared to 26.4% in urban areas. Those women who never visited any 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.

Also, in the present study, statistically significant co-relation was found between treatment taken for menopausal symptoms and residing locality indicating that women residing in urban area sought treatment more frequently than those residing in rural area. Similar findings were reported by Goyal et al that the percentage of women seeking treatment was higher in the urban areas 142 (71.0%) as compared to 59 (29.5%) in rural areas and this difference was found to be statistically significant.[18] The most common reason for this finding could be the lack of awareness among rural females along with unavailability of proper health services in rural areas as compared to urban areas.

Likewise, in the present study, statistically significant co-relation was found between treatment taken for menopausal symptoms and education and socio-economic class of the participants. The most probable reason for this could be that educated women have greater awareness and those belonging to high socio-economic status enjoy a better quality of life and have greater access to health services as there are no financial constraints.

## CONCLUSION

The present study concludes that majority of postmenopausal women faced one or more problems associated with menopause but only a very few sought treatment for these conditions. Lack of knowledge and financial constraints were found to be major barriers to utilization of health services. A large number of women accepted that they never knew that these problems are serious and quite a few were not even aware that treatment is available for these problems. The elderly are a neglected part of our society which is evidenced by the fact that some women said that they could not seek treatment due to lack of social and/or familial support.

### *Recommendations*

Special menopause clinics based on the concept of comprehensive approach, comprising of health education, counseling, yoga and meditation, physiotherapy and hormone replacement therapy (HRT), for relief of menopausal symptoms, must be set up nationwide in all the public and private health facilities, to cater to the health needs of the ever increasing population of menopausal females.

Special attention must be given to women who are unmarried/widowed/divorcee or those who are living alone without support from family as they often fall victim to psychological problems.

Public education campaign and special menopause health camps must be organized to motivate women to adopt healthy lifestyle practices such as regular physical exercise, healthy diet and avoiding tobacco and other addictions.

Mass- media, such as television, radio, newspapers etc., should be involved to spread the message of awareness regarding menopause and effective management of menopausal symptoms.

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