

Original Research Article

Health seeking behaviour among post menopausal women in rural and urban field practice areas of Gandhi Medical College, Hyderabad: a cross-sectional study

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Received: 13 November 2018

Revised: 10 December 2018

Accepted: 12 December 2018

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ABSTRACT

Background: The phase of menopause is a physiological event which occurs as a result of progression of reproductive ageing. Women from developing countries view variations due to menopause as natural process and there is no need for medical care. The objective of the study was to assess the health seeking behaviour among the post menopausal women.

Methods: A cross-sectional study was conducted in the rural and urban field practice areas of department of Community Medicine of Gandhi Medical College, Hyderabad. About 300 urban and 300 rural women were interviewed using a semi-structured and pretested questionnaire from August 2015 to September 2017.

Results: Among the rural women, 100 (25.4%) women did not seek health care and among those who sought health care, majority (34.3%) preferred government healthcare services followed by 23% who consulted private facility. Of the urban women, 14.7% did not seek health care, 42% of the women approached private practitioner followed by 23% who sought health care in government hospital. Majority of the women (42.2%) did not seek health care as they thought they will be normal with time.

Conclusions: More than one third of the women are not aware of menopause and related problems. Among those who did not seek health care, higher proportion felt they will be Ok with time followed by financial constraints, fear/shy, family problems and lack of transport.

Keywords: Post menopausal women, Health seeking behaviour, Post menopause

INTRODUCTION

Since decades, woman's health is a global concern. Importance is given to health of the women starting from birth till death. During transition from reproductive years to menopause and beyond, women experiences physical changes that may be normal related to changing hormone levels of menopause or due to physical effects of ageing or illness that occurred during the course of middle life.

By the year 2025, the number of postmenopausal women is expected to rise to 1.1 billion worldwide.¹ WHO scientific group in 1981 defined menopause as "Permanent cessation of menstruation resulting from loss of ovarian follicular activity" and post menopause as the period after 12 months of spontaneous amenorrhea.²

Women from developing countries view variations due to menopause as natural process and there is no need for medical care. Also the differences in socioeconomic,

nutritional status and physical activity between rural and urban population influences postmenopausal physiological and psychosocial health. Most of the postmenopausal women feel that, the medical problems experienced in that phase of life are due to old age.³ The present study was undertaken to assess the health seeking behaviour among the postmenopausal women.

Objective

- To assess the Health seeking behaviour among the rural and urban post menopausal women.

METHODS

A community based cross-sectional study was conducted from August 2015 to September 2017 among the Rural and Urban post-menopausal women residing in the rural and urban filed practice areas of Gandhi Medical college, Hyderabad. Sample size was calculated taking the least morbidity among postmenopausal women i.e., prevalence of fractures as 2.66% according to Sarkar et al at 5% significance and 2% absolute precision using the formula $n=4PQ/L^2$ ($n=259$).⁴ Considering design effect, 300 postmenopausal women from Narsingi (rural) and 300 from Bholakpur (urban) were included in the study. A total of 600 women were studied. Six sub areas out of 19 in urban and 6 sub-centre areas out of 14 areas in rural were selected randomly and in each area, 50 women were included using systematic random sampling method. If a post menopausal woman was not found in that house or if the house was locked or when consent was not given, next house was visited. Seriously ill women were excluded from the study. Data was collected by interviewing each woman by using a predesigned and pretested proforma explained to them in the local language after taking informed consent. The data obtained was compiled, tabulated and statistically analyzed using MS excel and SPSS version 21.

RESULTS

Table 1: Distribution of post menopausal women according to education and employment.

	Rural (n=300) No. (%)	Urban (n=300) No. (%)
Education		
Illiterate	211 (70.3)	155 (51.7)
Literate	89(29.7)	145 (48.3)
Employment status		
Unemployed	219 (73)	182 (60.7)
Employed	81(27)	118 (39.3)

The mean age of the study population in rural area was 56.02 ± 7.38 and that in the urban area was 55.01 ± 6.46 . About 70.3% of the rural women were illiterate and 73% were unemployed. And nearly half of the post

menopausal women in urban area were illiterate and 60.7% were unemployed (Table 1).

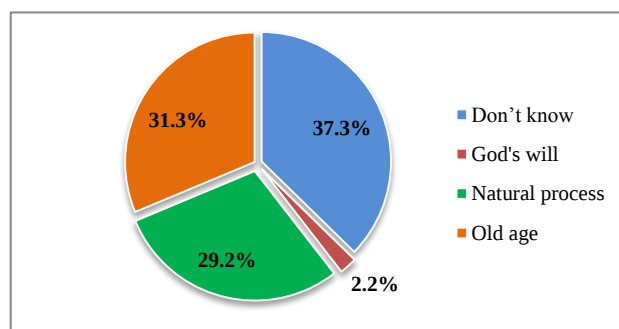


Figure 1: Knowledge on menopause and related problems among the women.

The mean age at menopause of rural women was found to be 46.21 ± 3.33 and that of urban women was 47.40 ± 3.45 . Among the 600 women, 37.3% did not have any knowledge regarding menopause and related problems. About 31.3% felt that menopause and associated problems were due to old age whereas 29.2% had knowledge regarding menopause and felt it as a natural process. Nearly 2.2% of the women felt it is due to god's will (Figure 1).

Table 2: Distribution of study population according to preference of seeking health care.

Health care seeking	Rural (%)	Urban (%)	Total (%)
Government facility	103 (34.3)	69 (23)	172 (28.7)
Private facility	69 (23)	126 (42)	195 (32.5)
Alternate medication	28 (9.3)	15 (5)	43 (7.1)
Self-medication	24 (8)	46 (15.3)	70 (11.7)
None	76 (25.4)	44 (14.7)	120 (20)
Total	300 (100)	300 (100)	600 (100)

Among the rural women who seek health care, majority (34.3%) preferred government healthcare services followed by 23% who consulted private facility whereas among the urban women, 42% of the women approached private practitioner followed by 23% who sought health care in government hospital. About one fourth of rural women and 14.7% of urban women did not approach health care facility (Table 2).

Majority of the women (42.2%) did not seek health care as they thought they will be fine with time followed by 25.7% who mentioned financial constraints (Figure 2).

Of the total women, 63.2% of the women took medication for various symptoms and morbidities among which 334 (55.6%) of the women were taking treatment for chronic problems. Among these women, 226 (67.7%) were compliant to medication. About 108 (32.2%)

women of the total women on medication for chronic problems (n=334) were not compliant to treatment and majority of them (30.5%) informed lack of family support followed by 26.9% who reported cost burden, 24.1% due to lack of motivation and 18.5% due to perceived side effects as the reason for noncompliance to medication (Table 3).

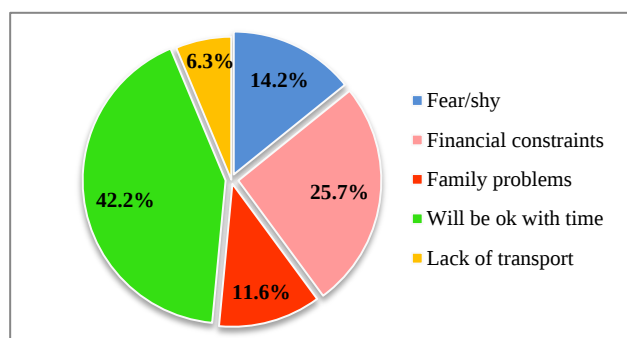


Figure 2: Distribution of participants (n=190) according to reasons for not seeking health care.

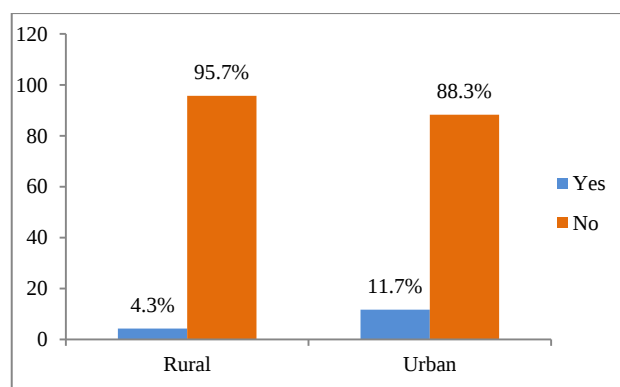


Figure 3: Distribution of the women according to awareness regarding HRT.

Out of total women, 48 (8%) women were aware of Hormone Replacement Treatment (HRT). About 4.3% of the rural women and 11.7% of the urban women were aware of HRT (Figure 3). Only 1.8% of the women were on hormone replacement therapy at the time of study.

Table 3: Distribution of study population according to usage of medication.

	N (%)	N (%)	N (%)
Medication	Rural (n=300)	Urban(n=300)	Total (n=600)
Yes	180 (60)	199 (66.3)	379 (63.2)
No	120 (40)	101 (33.7)	221 (36.8)
Compliance to treatment for chronic problems	Rural (n=155)	Urban (n=179)	Total (n=334)
Yes	99 (63.9)	127 (70.9)	226 (67.7)
No	56 (36.1)	52 (29.1)	108 (32.3)
Reasons for noncompliance to treatment	Rural (n=56)	Urban (n=52)	Total (n=108)
Cost burden	17 (30.3)	12 (23.1)	29 (26.9)
Lack of family support	18 (32.1)	15 (28.9)	33 (30.5)
Perceived side effects	12 (19.6)	8 (15.4)	20 (18.5)
Lack of motivation	9 (16)	17 (32.6)	26 (24.1)
Intake of calcium supplements	Rural (n=300)	Urban (n=300)	Total (n=600)
Yes	54 (18)	78 (26)	132 (22)
No	246 (82)	222 (74)	468 (78)

DISCUSSION

In the present study, about 37.3% did not have knowledge regarding menopause and associated symptoms/problems, 31.3% felt it due to old age, 29.2% felt it as a natural process and 2.2% of the women felt it was due to god's will. The present study findings were different from a study where, 48.3% felt the menopausal problems were due to old age and 7.7% felt due to God's will.⁵

In the present study, 80% sought health care for various problems and symptoms. About 20% did not visit any health centre which could be due to the culture of silence especially in middle and above age groups of women preventing them from seeking health care. Among those who did not seek health care, the following were the

reasons – will be fine with time 42.2%, financial constraints 25.7%, fear / shy 14.2%, family problems 11.6% and lack of transport 6.3%. In a study conducted in Karnataka, 11.1% said it will be fine with time, 5.6% family problems, 5.6% shy in disclosing problem and none reported financial constraints.⁵

In the present study, the awareness regarding HRT was only 8%. About 4.3% rural and 11.7% urban women were aware of hormone replacement therapy. This may be implied to low education and misconceptions regarding menopause that led women to suffer in silence. The study findings were concurrent to a study conducted among rural and urban women in Kerala, where awareness regarding HRT was found among 9% of the women and differed from a study conducted by Deatole where none of the urban women were aware of HRT.^{6,7}

In the present study, only 1.8% was using HRT at the time of interview. Only 0.7% rural and 3% urban were using hormone replacement therapy. The low usage of HRT could be due to lack of awareness regarding availability and also considerable variations regarding its usage among health professionals in prescribing therapy as some opine it as universal remedy to alleviate symptoms whereas others consider it is unnecessary for most of these women or even harmful. This finding is concurrent to a studies conducted by Tandon, where 1.5% was using HRT, and different when compared to a study conducted in Maharashtra and Tamil Nadu, where none of the women were using HRT.⁸⁻¹⁰

CONCLUSION

Postmenopausal women should be sensitized for availing the health facilities for their health problems by information, education and communication (IEC) and behaviour change communication (BCC). There is a need to remove negative perceptions of the women through counselling.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee, Gandhi Medical College, Hyderabad

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Cite this article as: Apoorva MS, Thomas V. Health seeking behaviour among post menopausal women in rural and urban field practice areas of Gandhi Medical College, Hyderabad: a cross-sectional study. Int J Community Med Public Health 2019;6:428-31.