

## Original Research Article

# Health seeking behaviour and its socio-demographic determinants among menopausal Women in Lucknow

Ginic Gupta<sup>1\*</sup>, Reema Kumari<sup>1</sup>, Prabhaker Mishra<sup>2</sup>

<sup>1</sup>Department of Community Medicine and Public Health, King George's Medical University Uttar Pradesh, Lucknow, India

<sup>2</sup>Department of Biostatistics and Health Informatics, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh, India

**Received:** 18 January 2022

**Revised:** 15 February 2022

**Accepted:** 17 February 2022

### \*Correspondence:

Dr. Ginic Gupta,

E-mail: [uniqueginicsnmc@gmail.com](mailto:uniqueginicsnmc@gmail.com)

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

## ABSTRACT

**Background:** Menopausal women are those who have not experienced regular menstrual bleeding for 12 months or more. It is a physiological event, but its psychological, physical and sexual consequences will prevail throughout post-reproductive years. Some women are silently suffering without knowing what is happening to their own body and they don't know about where to get help. Aim of the study was to estimate the health seeking behaviour among menopausal women in Lucknow and to find the association of Health Seeking behaviour among menopausal women with the various socio-demographic parameters.

**Methods:** A community based cross sectional study was conducted from August 2020 to January 2021, among 206 Menopausal women of 46-65 years in rural and urban field practice areas of Community Medicine Department, KGMU, Uttar Pradesh, Lucknow.

**Results:** (42.7%) of the total study participants went to the health facility for menopause related symptoms. (14.6%) had heard about HRT and (1%) were current user of HRT. (43%) responded that they will be fine with time, (29%) responded that they didn't need to go to the health facility, (21.8%) had financial constrains. Literacy, residential status and category was found significantly associated with health seeking behaviour among menopausal women.

**Conclusions:** Poor health seeking behaviour was observed among women for menopausal symptoms. Majority of them responded that they will be fine with time, other common reason for not going to health facility was that they were not aware about menopausal symptoms, they think that they don't need to go to the health facility.

**Keywords:** Factors affecting menopausal symptoms, Health seeking behavior among menopausal women, Menopausal women, Menopausal symptoms, Postmenopausal symptoms, Quality of life in menopausal women

## INTRODUCTION

Women are the most important part of any society, family or economy and, community health provision is dependent on the fulfillment of their different health needs. On the other hand a woman goes through many stages in her life i.e. menarche, pregnancy, and menopause, in which they face many hormonal

fluctuations. This study endeavors to focus on concerns related to the menopause. Since menopausal women are also an important part of demographic dividend in their early years. According to the World Health Organization classification- menopausal women are those who have not experienced regular menstrual bleeding for 12 months or more.<sup>1</sup> It is a physiological event, but a woman have to bear its psychological, physical and sexual consequences

throughout post reproductive odd years. There is a lot of fluctuation in the hormone levels and thus women may experience many symptoms and conditions. However, the influence of this fluctuation varies from one woman to another. Some of the important and common symptoms, women can experience during menopausal transition are changes in periods, hot flushes and night sweats, problems with vagina and bladder, changes in sexual desire, sleep problems, mood swings, changes in the skin etc.

There are also some serious medical concerns related to menopause as, loss of bone tissue that cause osteoporosis and heart disease risk may grow due to increases in weight, blood pressure and cholesterol levels.<sup>2</sup> Historically the association of menopause and its symptoms was noted by John Leake in (1777).<sup>3</sup> Some women are silently suffering without knowing what is happening to their own body and they don't know about where to get help. Thus menopause brings psychological and biological changes that affects women's health.

## METHODS

A community based cross-sectional analytical study had been conducted from August 2020 to January 2021, among menopausal women of 45-65 years in the rural and urban field practice areas of Community Medicine department, KGMU, Uttar Pradesh, Lucknow. Taking the prevalence of menopausal women who were taking treatment for various menopausal symptoms as 35.5%, at two-sided 95% confidence interval, 7% allowable absolute error, and 10% non-response rate, sample size was calculated to be 206.<sup>4</sup> Purposive sampling technique was used to collect the study participants. The study was conducted on 206 women of 45-65 years, who had attained menopause, 103 menopausal women each from rural and urban areas were included in the present study. The list of all the households which were having the women in the age group of 45-65 years was obtained by the health worker of the respective field area. A final list was made with the help of health worker which was having all the women of 45-65 years and who had attained their menopause. From the final list, 103 menopausal women within the age group of 45-65 years were conveniently selected each from rural and urban study areas. Women who have undergone hysterectomy, mentally challenged and critically ill women, locked houses and the women who didn't give the consent were excluded from the study. A self- structured questionnaire was used which was having questions related to socio-demography and health seeking behaviour due to menopausal symptoms. For statistical analysis, data were presented in frequency (%). To test the association, between whether visited the health facility and socio-demographic variables, chi square test was used. P value <0.05 was used as statistically significant. Statistical package for social sciences, version-23 (SPSS-23, IBM, Chicago, USA) was used for data analysis.

## RESULTS

Table 1 shows that only 35% of study participants visited health facility in rural area while 50.5% i.e. almost half of the study participants from urban area visited health facility. Among those who were going to health facility, 47.2% in rural and 34.6% in urban area visited government facility. 30.5 Percent rural and 38.5% urban study participants used private facility. 22.3% rural and 26.9% urban study participants used alternate system of medication i.e. homeopathic and ayurvedic medication. When asked about HRT status, only 3.9% of the rural and 25.2% urban study participants had heard about hormone replacement therapy while no one in rural and 1.9% urban study participants were using HRT.

**Table 1: Distribution of study participants based on health seeking behaviour among menopausal women.**

Health seeking behaviour variables	Type of residence					
	Rural (103)		Urban (103)		Total (206)	
	N	%	N	%	N	%
<b>Visited health facility</b>						
Yes	36	35.0	52	50.5	88	42.7
No	67	65.0	51	49.5	118	57.3
<b>Type of health facility visited</b>	n=36		n=52		n=88	
Government	17	47.2	18	34.6	35	39.8
Private	11	30.5	20	38.5	31	35.2
Ayurvedic	6	16.7	10	19.2	16	18.2
Homeopathic	2	5.6	4	7.7	6	6.8
<b>Ever heard about HRT</b>						
Yes	4	3.9	26	25.2	30	14.6
No	99	96.1	77	74.8	176	85.4
<b>Currently using HRT</b>						
Yes	0	0.0	2	1.9	2	1.0
No	103	100.0	101	98.1	204	99.0

Table 2 shows the distribution of study participants according to the reasons for not visiting health facility for their menopausal symptoms. Overall health seeking behaviour was found better in urban study participants as compared to rural. The most common response for not utilising health facility was found that they will be fine with time i.e. 44 percent. Almost one third (34%) rural and more than half (57%) urban study participants responded the same. 42% rural and 12% urban study participants responded that they didn't need to go to health facility. The third common response (21%) was found that they had financial constraints, 20 percent rural and 24 percent urban study participants responded the same. A very few (3.4%) study participants responded that they didn't go to health facility as they were shy or had fear, nearly 5 percent rural and 2 percent urban study

participants responded the same. Only 6 percent urban study participants responded that they had family problems.

Table 3 shows association of socio-demographic variables with health seeking behaviour among menopausal women. Almost 60% of the total study participants were within the age group of 46-55 years and 40% were within the age group of 56-65 years. There was no significant association found between the above mentioned age groups and health seeking behaviour. Almost 41% rural and 52% urban study participants were going to health facility and the difference was found to be significant.

**Table 2: Distribution of study participants according to the reasons for not visiting health facility.**

Reasons for not using health facility	Rural (n=67)		Urban (51)		Total (118)	
Will be fine with time	23	34.3	29	56.9	52	44.1
No Need	28	41.8	6	11.8	34	28.8
Financial constrains	13	19.4	12	23.5	25	21.2
Shy/Fear	3	4.5	1	2.0	4	3.4
Family Problems	0	0.0	3	5.9	3	2.5

**Table 3: Association of Socio-demographic determinants with health seeking behaviour among menopausal women.**

Socio- Demographic Variables	Visited Health Facility for menopausal Symptoms						P- value
	Yes (n=88)		No (n=118)		Total (N=206)		
	N	%	N	%	N	%	
<b>Age (years)</b>							
46-55	55	62.5	70	59.3	125	60.7	0.644
56-65	33	37.5	48	40.7	81	39.3	
<b>Residence</b>							
Rural	36	40.9	67	56.8	103	50.0	0.024
Urban	52	59.1	51	43.2	103	50.0	
<b>Religion</b>							
Hindu	64	72.7	81	68.6	145	70.4	0.525
Muslim	24	27.3	37	31.4	61	29.6	
<b>Category</b>							
General	48	54.5	39	33.1	87	42.2	0.002
Others	40	45.5	79	66.9	119	57.8	
<b>Marital status</b>							
Married	60	68.2	74	62.7	134	65.0	0.415
Widowed	28	31.8	44	37.3	72	35.0	
<b>Type of family</b>							
Nuclear	34	38.6	48	40.7	82	39.8	0.767
Joint	54	61.4	70	59.3	124	60.2	
<b>Educational status</b>							
Illiterate	31	35.2	62	52.5	93	45.1	0.013
literate	57	64.8	56	47.5	113	54.9	
<b>Working status</b>							
Working	25	28.4	46	39.0	71	34.5	0.114
Housewife	63	71.6	72	61.0	135	65.5	
<b>Socio-Economic Status</b>							
Upper (Class I and II)	23	26.1	31	26.3	54	26.2	0.983
Lower ( III, IV and V)	65	73.9	87	73.7	152	73.8	

Chi-square test used.  $p < 0.05$  significant.

A better health seeking behaviour was found among the participants who belonged to general category as compared to those who belonged to other than general category and the difference was found to be significant.

A majority (65%) of the literate study participants were going to health facility as compared to illiterates (35%) and the difference was found to be significant.

## DISCUSSION

In the present study, it was observed that only 35% of study participants visited health facility in rural area while almost half of the study participants from urban area visited health facility. Among those who were going to health facility, 47.2% in rural and 34.6% in urban area visited government facility. Health seeking behavior was better in urban study participants as compared to rural

study participants. Apoorva et al. in their study also showed that 25.4% rural 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.<sup>5</sup> Das et al in their study also showed that (53.0%) of the study participants had not visited any health facility and out of those who visited health facility, 50.0 percent of the rural study participants were going to government facility, while 36.0 percent of the urban participants were going to government facility for the menopausal symptoms. The results of these studies found in accordance with the present one.<sup>6</sup>

In the present study, it was observed that, out of those who did not seek healthcare, almost one third (34.3%) of the rural study participants responded that they will be fine with time and more than half (56.9%) of the urban study participants responded that they will be fine with time. (41.8%) of the rural study participants and 11.8 percent of the urban study participants responded that they did not need to go to the health care facility for the menopausal symptoms. Among urban menopausal women, 49.5% did not seek health care, 38.5% approached private practitioner followed by 34.6% who sought health care in government hospital. Apoorva in their study showed that 25.4% of rural 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.<sup>5</sup> Among 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. 42.2% of total study subjects did not seek health care as they thought they will be normal with time. These results are almost in accordance with the present study.

Very less proportion of participants (4.0%) from the rural area had heard about hormone replacement therapy while 26.0 percent of the urban study participants had heard about hormone replacement therapy. While no one in the rural area ever used HRT and only 2.0 percent in the urban study participants were using HRT. A similar study from Delhi conducted by Ahlawat et al showed that none of the study participants was taking hormone replacement therapy.<sup>4</sup> Another Study from rural Bangalore conducted by Madhukumar et al also showed that none of the study participant got HRT treatment.<sup>2</sup> Another study from South London conducted by Ayers et al showed that 3% of the study participants were current users of hormone therapy.<sup>7</sup> These results are almost in accordance with the present study.

In the present study, it was found that, almost 41% rural and 59% urban study participants were going to health facility and the difference was found to be significant. A better health seeking behaviour was found among the participants who belonged to general category as compared to those who belonged to other than general category and the difference was found to be significant. A

majority (65%) of the literate study participants were going to health facility as compared to illiterates (35%) and the difference was found to be significant. A study conducted in Taiwan by Huang et al found more or less similar results.<sup>8</sup> A similar study from Shanghai conducted by Li et al showed that “Carrying out health education may be a measure to improve the healthcare-seeking behavior”.<sup>9</sup>

### **Limitations**

Though the sample size was relatively less compared to other studies in India, we used convenient sampling, and the field areas studied were not randomly selected, so the sample could not represent the total population in Lucknow. This might cause some bias of the study.

### **CONCLUSION**

Poor health seeking behaviour was observed among women for menopausal symptoms. Health seeking behavior was better in urban study participants as compared to rural study participants. Majority of the menopausal women responded that they will be fine with time. Other common reason for not going to health facility was that they were not aware about menopausal symptoms; they think that they don't need to go to the health facility. Very less proportion of participants had heard about hormone replacement therapy. While no one in the rural area ever used HRT.

### **Recommendations**

Though majority of women did suffer severe menopausal symptoms, they have poor health seeking behaviour which leads to most of them having poor health related quality of life. Active intervention should be done in increasing their health seeking behaviour and encouraging them for various life style modifications like yoga, meditation, regular exercises and brisk walk to reduce the severity of their menopausal symptoms, as well as controlling their health risk to ensure a better quality of life. In the present study it was found that literacy had an important role to play in determining health seeking behaviour of the women. In several studies, literate women dealt better with their disturbing symptoms related to menopause. So we must encourage the families to focus and invest on education of female members for the betterment of their education level.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: The study was approved by the Institutional Ethics Committee*

### **REFERENCES**

1. World Health Organization. Research on the menopause in the 1990s: Report of a WHO

- Scientific Group. World Health Organ Tech Rep Ser. 1996;866:101-7.
2. Madhukumar S, Gaikwad V. A community-based study on perceptions about menopausal symptoms and quality of life of post-menopausal women in Bangalore rural. *Int J Heal Sci Res*. 2012;2(6):49.
  3. Medical instructions towards the prevention, and cure of chronic or slow di. Available at [https://www.google.co.in/books/edition/Medical\\_Instructions\\_Towards\\_the\\_Prevent/K7uKd1JgcPkC?hl=en&gbpv=1&printsec=frontcover](https://www.google.co.in/books/edition/Medical_Instructions_Towards_the_Prevent/K7uKd1JgcPkC?hl=en&gbpv=1&printsec=frontcover). Accessed on 12 December 2021.
  4. Ahlawat P, Garg S, Ramalingam A. Prevalence of postmenopausal symptoms, health seeking behaviour and associated factors among postmenopausal women in an urban resettlement colony of Delhi. *Int J Heal Sci Res*. 2016;6:51.
  5. 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 Heal*. 2018;6(1):428.
  6. Das M, Dasgupta A, Bengal W. How healthy are the women in the peri and post menopausal age: a cross-sectional study in a slum of Kolkata. *Med Res Chronicles*. 2015;2(1):108-14.
  7. Ayers B, Hunter MS. Health-related quality of life of women with menopausal hot flushes and night sweats. *Climacteric*. 2013;16(2):235-9.
  8. Huang KC. Menopausal symptoms and perimenopausal healthcare-seeking behavior in women aged 40–60 years: a community-based cross-sectional survey in Shanghai, China. *Int J Environ Res Public Health*. 2018;16(7):25-9.
  9. Du L, Xu B, Huang C, Zhu L, He N. Menopausal symptoms and perimenopausal healthcare-seeking behavior in women aged 40–60 years: A community-based cross-sectional survey in Shanghai, China. *Int J Environ Res Public Health*. 2020;17(8):88-94.

**Cite this article as:** Gupta G, Kumari R, Mishra P. Health seeking behaviour and its socio-demographic determinants among menopausal Women in Lucknow. *Int J Community Med Public Health* 2022;9:1469-73.