

Original Research Article

Health Care Seeking Practice for Menopausal Problems among Women in Syangja District, Nepal

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ABSTRACT

Introduction: Menopause is a normal physiological change experienced by middle age women. It has become a major public health concern around the world.

Methods: A cross-sectional study was conducted to find out the health care seeking practice among 140 women having natural menopause from Putali bazar Municipality of Syangja district, Nepal. Data was collected through face to face interview by using interview schedule.

Results: This study revealed that 97.1% had at least one of the menopausal problems, namely somatic (84.3%), psychological (76.4%) and urogenital (44.4%). Among the somatic problems, joint and muscular discomfort (84.7%), hot flushes (44.3%), sleep problems (42.9%) and heart discomfort (35.7%) were reported. Among psychological problems, anxiety (67.9%), irritability (40.7%), depressive mood (30.7%), physical and mental exhaustion (29.3%) and among urogenital problems, bladder problem (32.9%), sexual problems (11.4%), dryness of vagina (9.3%) were also reported by the respondents. Regarding treatment seeking behavior, about 65.5% were found to be consulting for urogenital problems and 38.3% for psychological problems and 32.2% for somatic problems. Among the respondents who seek health care services, majority of the respondents consult directly to the pharmacy rather than hospital for psychological and urogenital problems but 81.1% respondents found to be consulted in hospital for somatic problems.

Conclusion: The findings revealed that majority of the respondents were ignorant regarding health seeking behavior of menopause related problems, so there is strong need of programmatic effort to educate the women to make them aware of menopausal problems through appropriate awareness programs.

Key words: Menopause, Menopausal Problems, Health care seeking.

INTRODUCTION

Menopause is the permanent cessation of menstruation resulting from the loss of follicular activity of the ovaries. It is a stage when the menstrual cycle stops for longer than 12 months and there is a drop in the levels of estrogen and progesterone, the two most important hormones in the female body. The onset of this physiological development not only

marks the end of women's reproductive function but also introduces them to a new phase of life. Many women experience symptoms around the time of menopause, most of which are self-limiting and not life-threatening, but are nonetheless unpleasant and sometimes disabling. [1] Worldwide, the estimates for the median age at menopause range from 45 to 55 years, with women from Western countries

having a higher menopausal age compared to women from other parts of the world. [2] Age of menopause in Nepal is 47 to 48 years like in many developing countries. [3]

The common climacteric symptoms experienced by menopausal women can be group into: vasomotor, physical, psychological or sexual complaints. It was also noted in some postmenopausal women with long term estrogen deficiency, changes to the cardiovascular or bone which leads to osteoporosis has been established. During menopause, women often experience some symptoms which may affect their daily activities and unfortunately majority of these women are not aware of the changes brought about by menopause. [4] Postmenopausal woman can be considered a risk population. More than 80% of women experience physical or psychological symptoms in the year approaching menopause with various distress and distribution in their lives, leading to decrease in quality of life. [5]

Modern medicine has significantly increased the life expectancy of women throughout the world. The world population of women aged over 60 years was below 250 million in 1960 and it is estimated that in 2030, 1.2 billion women will be peri or postmenopausal and this will increase by 4.7 million a year. [6] Nepal's Life expectancy has increased as well. The average life span for females is 67 years. With the increase in life span, old age related problems are increasing as well. [7] With the increasing life expectancy a women spends almost a third of her life in menopause. Menopause can be said to be a universal reproductive phenomenon. The reproductive landmark is not always the same for all women in all cultures. The prevalence of menopausal symptoms varies widely not only among individuals of the same population but also between different ethnic populations. Even there is a great diversity in nature of symptom and frequencies across countries, even in the same cultures. [8]

In Western countries, menopausal symptoms such as hot flushes, sweating and vaginal dryness are considered as the main climacteric complaints. In other cultures, these symptoms dramatically vary from those observed in Western women, while North American and European samples were reported higher rates of symptoms than that of Asian women. It has been suggested that Asian women suffer more from the atypical symptoms and fewer, and with lesser severity, the typical psychological and vasomotor symptoms in comparison to those reported in Caucasian women in the west. [9] Although menopause related symptoms have been extensively studied in the western countries, but very limited studies are available in Asia where as dearth of studies were found especially in Nepal.

Menopausal problem is a major health problem in Nepal and is least addressed by the general public due to cultural taboo and ignorance. Most women in Nepal are unaware about the condition. [7] Despite the fact that the availability of public health services has increased throughout the country, health services are still beyond the reach of most rural women in Nepal. It is reported that only 45 percent of households have access to basic health care. Gender discrimination, position of women in the family and lack of self-worthiness among women are important factors influencing their health care seeking behavior. Family members and women themselves place a very low value on women's lives, thus women's health is often ignored. [10]

Women do not tend to seek any treatment for menopausal symptoms in Nepal due to cultural and social barriers as well as lack of knowledge and awareness on its consequences. The start of menopause can be traumatic for many women especially if they are unfamiliar with menopause symptoms. It is extremely important for every woman to be aware about menopause and the symptoms it

carries so that they could be able to make decision about their own health. If they are informed well and counseled properly, its risk factors and effects can be managed to some extent. So this study aims to identify the health care seeking practice for menopausal problems among the women having natural menopause. So that, appropriate health education and health care program can be planned for the menopausal women.

MATERIALS AND METHODS

This was a community based cross-sectional study. To find out the health care seeking practice among the women with problems related to menopause, total of 140 respondents were recruited from Putalibazar municipality, Syangja district, Nepal on April 2012. Municipality was stratified into 13 wards and two wards were randomly selected among them. Fifty- fifty percent households were selected from each ward up to reaching the required sample size. Data were collected from all eligible respondents from those households who had natural menopause and whose menstrual cycle has stopped since last 12 months. Information was collected by using face to face interview using a semi-structured questionnaire. Descriptive statistics are presented in terms of frequency and percentages. The data was analyzed by using Statistical Packages for Social Sciences (SPSS) version 16.0.

RESULTS

In this study, out of 140 respondents, 58.6% of the respondents had age more than 55years followed by 36.4% in the age group 46 to 55years and 5.0% had age 45 years or below. The mean age of the respondents was 59.11±9.27 years, minimum 44 years and maximum 82 years. Similarly 73.6% were married, 73.6% had children three or more, 87.1% were belonged to joint family and 93.6% were by Hindu religion. According to educational status more than half of the

respondents (62.9%) were illiterate and 37.1% were literate. More than half of the women (51.4%) were housewives, one-fourth of the respondents (25.0%) were involved in business, 22.1% were farmer but 72.9% of them were dependent on other and only 27.1% were self-sustained (Table 1).

Table 1: Socio-demographic characteristics of the respondents (n=140)

Variables	Frequency	Percent (%)
Age in group (years)		
<45	7	5.0
46-55	51	36.4
>55	82	58.6
Mean age 59.11±9.27 years, Minimum 44 years, Maximum 82 years		
Marital status		
Married	103	73.6
Unmarried	2	1.4
Widowed	35	25.0
Number of children		
No	4	2.8
1-2	33	23.6
≥3	103	73.6
Mean=3.59±1.8, Minimum 0, Maximum 11		
Type of Family		
Nuclear	18	12.9
Joint	122	87.1
Religion		
Hindu	131	93.6
Buddhist	4	2.8
Islam	5	3.6
Education level		
Illiterate	88	62.9
Literate	52	37.1
Occupation		
Housewife	72	51.4
Service holder	2	1.5
Business	35	25.0
Farming	31	22.1
Economical dependency		
Self-sustained	38	27.1
Dependent on others	102	72.9

The study found that half of the respondent had got menopause at the age of 45 years or below, 46.4% had menopause at the age of 46-55 years and only 3.6% had their menopause after the age of 55 years (mean menopausal age 46.3±4.78 years, minimum 38 years and maximum 60 years). In our study sample, two third (66.4%) of the respondents had used any kind of contraceptives methods in their life and 11.4% respondents had also taken hormone replacement therapy in the past for the treatment of irregular menstruation as per prescription of the doctor. Joint and muscular discomfort was

the major (71.4%) problem related to menopause followed by anxiety (67.9%). Similarly among all, 44.3% had hot flushes, 42.9% had sleep problem and 40.7% had irritability. Also 35.7% respondents reported heart discomfort, 32.9% had reported bladder problem, 30.7% were felt depressive mood, 29.3% felt physical and mental exhaustion, 11.4% expressed sexual problem and 9.3% reported dryness of vagina is related to the menopause (Table 2).

Table 2: Menopausal characteristics of the respondents (n=140)

Variables	Frequency	Percent (%)
Age at menopause (years)		
≤45	70	50.0
46-55	65	46.4
>55	5	3.6
Mean age=46.3±4.78 years, Minimum 38 years, Maximum 60 years		
Use of contraceptive methods		
No any methods	93	66.4
Previously used	47	33.6
Use of hormone replacement therapy in past		
Yes	16	11.4
No	124	88.6
Problems related to menopause *		
Hot Flushes	62	44.3
Heart discomfort	50	35.7
Sleep problem	60	42.9
Joint and Muscular discomfort	100	71.4
Depressive mood	43	30.7
Irritability	57	40.7
Anxiety	95	67.9
Physical and Mental exhaustion	41	29.3
Bladder problems	46	32.9
Dryness of vagina	13	9.3
Sexual problems	16	11.4

*multiple response

In general, at least one kind of menopausal problem was felt by 97.1% of the respondents. In our study, we have assessed eleven types of symptoms related to the menopause and these were again classified into somatic, psychological and urogenital problems. Hot flush, heart discomfort, sleep problem and joint and muscular discomfort were included in somatic problems. Psychological problems include depressive mood, irritability, anxiety and physical and mental exhaustion. Likewise bladder problem, dryness of vagina and sexual problems were regarded as urogenital problems. In this way, 84.3% had somatic problems, 76.4% had psychological problems and

44.4% had urogenital problems among these samples. Regarding the health care seeking practice for such problems, only 32.2% of the respondents were seeking health care for somatic problems and 38.8% for psychological problems but 65.5% were found to be consulting for urogenital problems. Regarding the place of consultation, most of the respondents (81.1%) consulted in hospital for their somatic problems but for psychological problems (95.1%) and urogenital problems (68.4%) the respondents were consulted in the nearby pharmacy. Among the respondents who do not seek health care, ignorance was the main reason for not seeking health care. Among them 100% were ignoring for the urogenital problems. Similarly, 96.2% respondents were ignoring for somatic problems and 93.9% for psychological problems. Only minority of the respondents were not seeking healthcare due to financial problems (Table 3).

Table 3: Health care seeking practices for menopausal problems

Characteristics	Problems of Menopause		
	Somatic	Psychological	Urogenital
Presence of menopausal problems			
Overall (136, 97.1%)	118(84.3%)	107(76.4%)	58(44.4%)
Healthcare seeking practice			
Seek consultation	38(32.2%)	41(38.3%)	38(65.5%)
Do not seek health care	80(67.8%)	66(61.7%)	20(34.5%)
Place of consultation			
Hospital	31(81.1%)	2(4.9%)	12(31.6%)
Pharmacy	7(18.9%)	39(95.1%)	26(68.4%)
Reason for not seeking health care			
Ignorance	77(96.2%)	62(93.9%)	20(100%)
Financial problem	3(3.8%)	4(6.1%)	0

DISCUSSION

The study found that fifty percent of the women had menopause at the age of 45 years or less whereas the mean menopausal age was found 46.3±4.78 years. Similar result found in a study done among Nepalese women by Aryal et al, where the median age at menopause was found 47 years. [11] The result about menopausal age found from this study is consistent with the report of a WHO

scientific group in research on the menopause where the age was mentioned 47 to 48 years for developing countries. [1] Similar result was found in India where mean menopausal age was 47.35 years in urban Indian women [8] and 49.56 years in rural women in India. [12] Slightly different menopause age (49.9 years) was found in Kaski district of western development region, Nepal. [4] Higher menopausal age 51.14 years was found in Bangladesh [9] and 51.3 years was in Malaysia. [13]

Regarding the use of hormone replacement therapy, it was found that the majority (88.6%) of the respondents had never used HRT and 11.4% used it before the menopause for the treatment of their irregular menstruation only as per prescription of the doctor. The concept of hormone replacement therapy (HRT) is very new in Nepal. Very few women had an idea about the hormone replacement therapy. [3] Only 2.9% of the respondents had undergone hormone replacement therapy in Nepal. [14] Another study in rural Turkey found that 6.5% women had received hormone replacement treatment for more than 6 months. [15]

The current study found the high prevalence of problems related to menopause. That is 97.1% respondents had presented at least one of the menopausal problems. One population-based survey among Caucasian populations has reported a lower prevalence (40-70%) while those from Asian countries have reported prevalence (10-50%). Three studies from Turkey have reported varying prevalence (35-90%). The difference in prevalence and proportion of menopausal symptoms may be due to racial and ethnic groups. [4]

In our study, somatic problems were mostly (84.3%) reported by the respondents. Among them major problem was joint and muscular discomfort (71.4%) followed by hot flushes (44.3%), sleep problem (42.9%) and heart discomfort found in (35.7%). Psychological problems were found in

among 76.4% of respondents, among them anxiety, irritability, depressive mood and physical and mental exhaustion were reported by 67.9%, 40.7%, 30.7% and 29.3% respondents respectively. Urogenital problems were found in 44.4%, among them bladder problem was complained by 32.9% respondents, sexual problems by 31.4% and dryness of vagina by 25.5%. Similar but not at all, results were found in the study done by Nishar et al, which revealed 83.3% had muscle and joint problems, 70.2% had hot flushes, heart discomfort 67.9%, sleeping problems 79.2%. Among psychological problems, depressive mood, irritability, anxiety and physical and mental exhaustion were reported by 77.4%, 75.9%, 72.3% and 83.3% respectively. Likewise among urogenital, sexual problems, bladder problems and dryness of the vagina were reported by 60.5%, 34.2% and 27.2% respectively. [6] Similar study by Neena et al in Nepal revealed 78.7% respondents had sleeping problems, 73.5% had physical and mental exhaustion, 69.7% had hot flushes, and 61.6% had dryness of vagina. Bladder problems had 52.8% and joint and muscular discomfort 68.6%. [4] This result was varied from this study, may be due to that the study was done among the women of age 40 to 65 years attended in the PHC and HP. That prevalence of menopausal problems was high in that study because women used to come health center when they have problems.

Similar result was found in a study done by Rahman et al in Bangladesh, where they found joint and muscular discomfort was 76.20%. But slightly higher result was found with irritability (36%), cardiac discomfort (19.10%), depressive mood (37.30%) and bladder problem (12.80%) and slightly lower result was found with physical and mental exhaustion (60.90%) and sleeplessness (54.40%) which are followed by dryness of vagina (36%), hot flushes and sweating (35.80%), anxiety (34.20%). However,

noted less frequent symptoms were sexual problem (31.20%).^[9] The noticeable difference was found with the bladder problems and cardiac discomfort. The main reason for the difference in the results of my study in cardiac discomfort and bladder problem were may be due to the underlying causes of other chronic diseases like hypertension and uterine prolapsed.

Our study revealed that majority of the respondents was not seeking health care. About 65.5% were consulting for urogenital problems and 38.3% of the respondents were consulting for psychological problems but only 32.2% were consulting for the somatic problems. It also revealed the reason for not seeking health care was ignorance. Among the respondents, 100% were ignoring for the urogenital problems, 96.2% respondents were ignoring for somatic problems and 93.9% for psychological problems. Only minority of the respondents were not seeking healthcare due to financial problems. The study also found that about 81.1% consulted in hospital for their somatic problems. For psychological problems about 95.1% were consulted in pharmacy and 68.4% respondents were consulted for urogenital problems in pharmacy. A study done in Bangladesh by Yasmin et al found that who had the menopausal problems, majority of the respondents were visited to MBBS doctor. They have mostly visited for the problems like burning sensation, cramps in upper & lower limbs, back pain, sexual disturbances and urinary problems.^[16] Another study done by Kaulagekar Aarti in Pune, India found only 54% of the total respondents reporting symptoms consulted various systems of medicine and among them only nearly 43% obtained advice from modern medicine. Remaining consulted various other systems of medicine for getting relief from the symptoms.^[17] In the US population, large proportions (60%) of women are actively seeking health care and treatment of

menopausal symptoms. About 19% were discussed with doctor or other health professionals for hot flashes, 12% for difficulties in sleeping, 9% for aching in muscles or joints, 7% for feeling down, depressed or blue, 7% for vaginal dryness and 5% for decrease in sexual desire.^[18] But in Nepal, women ignore these menopausal problems until it became serious matter.

CONCLUSION

Menopausal problems are neglected issue in developing countries including Nepal. The most of the respondents had presented at least one of the problems of menopause, among them somatic problems and psychological problems were more prevalent in this study. More specifically, joint and muscular discomforts as well as anxiety were the main problems. Large numbers of respondents were not seeking health care and the main reason was self-ignorance. General population of women in Nepal did not give importance in these menopausal problems until it became serious matter. Most of the respondents were seeking health care mainly for urogenital problems. Although hormone replacement therapy help to reduce problems related to menopause, but nobody has taken it for relieving their menopausal problems. Large efforts are required to educate and make the women aware of menopausal problems. It must be focused in early recognition of problems and encouragement to seek healthcare so that discomforts related to menopausal problems can be reduced.

Limitation of the Study

The current study was conducted among the women of one selected municipality with small sample size. So the result of the study may not reflect the exact scenario of the country.

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