

Original Article

Gynecological Problems of Postmenopausal Women and Their Health Care-Seeking Behavior in Rural Community

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Abstract

Background: Gynecological problems and health care-seeking behavior of postmenopausal women vary among populations and societies. Few data are available about times and types of gynecological problems of postmenopausal women and health care-seeking behavior; socio-demographic and reproductive factors among rural women of Bangladesh. **Objectives:** The present study was conducted to find out the prevalence of gynecological problems, to identify socio-demographic factors and to identify the health care seeking-behavior of rural postmenopausal women. **Materials and Methods:** This cross-sectional study was conducted in women aged 50–70 years. A purposive sampling technique was used to retrieve data from 252 postmenopausal women from 3 villages of Savar Upazilla of Dhaka, Bangladesh. **Results:** The mean age of our study population was 57.27 ± 6.08 years, and the mean menopausal age was 48.20 ± 3.226 years. Regarding prevalence of gynecological problems, 28% had vaginal dryness, 5% had per vaginal bleeding, 9% had urinary problems, and 4% had something coming down per vagina. For primary treatment, 43% went to pharmacy, 29% went to private chamber or private clinic, and only 22% went to government hospitals for their general health problems. Some significant association was found between age of marriage, number of fertility and gynecological problems. **Conclusion:** Further studies are needed with a larger sample size to identify different life style, diet, and socio-cultural characteristics and to better understand the health care-seeking behavior of women of rural communities.

Key words: Postmenopausal; Health care; Seeking behavior; Rural community

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Introduction

The word ‘Menopause’ taken from Greek word “Meno” means month and “pause” means cessation. The other word “climacteric” used synonymously as pre-and post-menopausal years, means rung of ladder or a critical period in human life, in which some critical body change takes place.¹ According to International Menopause Society, menopause is defined as ending with the final menstrual period, which is typically around the age of 51 years.¹ The global increase in women’s life span with the added problems of old age has impacted on Bangladeshi women. There are 28–30 million women (49% of the total population) and elderly women are increasing in number (3–5%

aged ≥ 46). The average age of menopause is 51 years² and the average life span of women is now 72.31 years.^{2,3}

In some of the recent studies in Asian countries age at menopause ranged from 47 to 50 years. In Pakistan it is 49 ± 3.6 years, in United Arab Emirates 47.3 ± 3.29 years, in Saudi Arabia 48.94 ± 0.29 years and in Iran 49.6 ± 4.6 years.⁴ A variety of symptoms and clinical features have been reported with menopause and it is difficult to decide which clinical features are due to climacteric or some other unrelated disease processes or psychogenic causes due to changes in circumstances, personality problems or psychiatric background.¹ The prevalence of bacteruria in the

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elderly increases with age and debility. Atrophic vulvovaginitis is also a risk factor for UTI.⁵

Female pelvic organ prolapse is a common condition in parous women. It conveys a significant burden on individuals and society, even if it rarely threatens the general health and/or life of the patient. Genital prolapse also occurs after the menopause of women, which is common in Bangladesh.⁶ With the increasing average length of postmenopausal life span, it has become imperative for healthcare providers to focus more attention on the health of this group of women to ensure that they enjoy this twilight years of their life optimally.⁷ Some of the menopausal symptoms experienced by these women can be severe enough to affect their normal daily activities. It is well-documented that menopausal symptoms experienced by women affect their quality of life. Many published reports show variations in menopausal symptoms between Asian and Caucasian women. Asian women suffer less somatic psychological symptoms compared to their western counterparts.⁸ The dignity and honor of the elders are fading in modern society due to differences in incomes, instability of family structures, devaluation of dignity, individualistic attitudes and various other social problems.⁹ Yet a consistent finding in many studies is that for some illnesses people will choose traditional healers, village homeopaths or untrained allopathic doctors above formally trained practitioners or government health facilities.¹⁰ The present study was conducted to find out the prevalence of gynecological problems, and to identify the health care-seeking behavior of rural postmenopausal women.

Materials and Methods

This cross-sectional descriptive study was conducted in Krishno Nagar, Pan Para, Ovoy Nagar in Tetul Jhora union under Savar Upazilla, Dhaka during the period of January to December 2013. In this study 252 postmenopausal women aged 50–70 years were selected initially. Among them eight women were not interested to participate in the study and finally 244 subjects completed the full interview. A semi-structured

questionnaire was developed in english to collect data. The questionnaire then pre-tested in a non-sample area on the similar population. After pre-testing, necessary modification was made for perfection of the instrument and translated into Bengali version for easy understanding of the respondents. After collection of data, these were edited by meticulous checking. Results were generated by computer-aided statistical package for social software (SPSS version 16.0). Descriptive statistics were done first, and then the chi-square tests were performed to find out association between different variables as and where necessary. p value <0.05 was considered statistically significant.

Results

In this study, majority (47.5%) of the respondents were ≤55 years and 36% of the respondents were of 56–60 years. The mean age of the mothers was 57.28 ± 6.08 years. Age of marriage is ≤15 years in 82%. History of first pregnancy at the age of ≤16 years is in 57% respondents and between 17 to 18 years is in >33%. Natural history of menopause is present in 75.5% and 24.5% had history of operation or disease. Among them 28% had history of dryness in the vagina and 5% had history of per vaginal bleeding, 2% had history of per vaginal discharge, 9% had history of difficulty in micturition and 4% had history of prolapse, and 3% had history of mixed type of reproductive health problem. In this study, 31% of respondents were treated only with medicine and 18% needed surgery and medicine. Regarding site of primary treatment, it was found that 43% went to pharmacy, 29% went to private chambers or clinic, 22% visited government hospital and rest of them were treated by homeopath doctors. Age at pregnancy is significantly associated with the reproductive health problems of postmenopausal rural women (p<0.05). Marital age is significantly associated with the reproductive health problems of postmenopausal rural women. Calculated χ² value is more than the tabulated χ² value (p<0.05) (Table I). Table II shows association between number of pregnancies and reproductive health problems.

Table I: Association of age at marriage with reproductive health problems

Age at marriage (years)	Reproductive health problems		χ ²	p value
	Absent Number (%)	Present Number (%)		
≤15	86 (43.0)	114 (57.0)	12.76	<0.05
≥16	32 (72.7)	12 (27.3)		

Table II: Association of number of pregnancy with reproductive health problems

Parity	Reproductive health problems		χ^2	p value
	Absent Number (%)	Present Number (%)		
≤ 2	21 (8.60)	9 (3.68)	6.46	0.04
3–4	66 (27.04)	78 (31.96)		
>4	31 (12.70)	39 (15.98)		

Discussion

In this study 244 postmenopausal women were enrolled. The mean age of the respondents was 57.28 ± 6.08 years which is lower than the findings in the study conducted by Donald et al¹¹ where it is 58.32 (48–68) years. In this study the mean age of menopause was 47.85 ± 2.32 years. In another study the mean age at menopause was 46.2 ± 6.4 years.¹² The average age of menopause in India is 47.5 years and in North American and European women it is 51 years.¹³

In the present study age of marriage was significantly associated with the reproductive health problems of postmenopausal rural women ($p < 0.05$) (Table I). The mean age at marriage is 13.93 ± 1.75 years and the mean age at first pregnancy is 16.63 ± 1.75 years. In an Indian study, it was shown that in most of the cases the age of marriage was between 13–16 years.¹⁴ Another study in Nepal showed early marriage as a common health problem amongst women and also showed that early child birth is related to uterine prolapse.¹⁵

Regarding parity the researcher found that about 78 (31.96%) had 3–4 children ($n=244$) and 39 (15.98%) had >4 children. Fertility status of the respondents was found to be significantly associated with reproductive health problem ($\chi^2=6.46$, $p=0.04$) (Table II). Studies in developing countries have found that women experience gynecological problems throughout their reproductive years and beyond, in part due to the limited medical care they receive during labor and delivery, combined with high parity.¹⁶ Female pelvic organ prolapse is a common condition in parous women. It conveys a significant burden on individuals and society, even if it rarely threatens the general health and/or life of the patient.¹⁷

This study showed that 28% of study population had history of vaginal dryness, 5% had per vaginal bleeding, 9% had difficulty in micturition, 4% had history of prolapse, 2% had vaginal discharge and

3% had mixed type of reproductive health problems. Among them 31% were treated with medicine and 18% needed surgery and medicine. Study of Rehana Nasreen¹ showed pressure perineum 76%, urinary problem 46%, something coming out of vagina 24%, discharge per vagina 15% and bleeding per vagina 6%.

Regarding the site of primary treatment of the respondents it was found that 43% went to pharmacy, 29% went to private clinic or chambers of doctors and 22% visited to government hospital. A few of them were treated by homeopath doctors. One study in Taiwan showed that the most common professionals contacted were gynecologists (37.0%), followed by general practitioners (28.2%), psychiatrists (16.0%) and cardiologists (11.6%).¹⁸

The global increase in woman's life span with the added problem of old age, particularly in rural areas in Bangladesh poses a challenge to public health as well as to society, as most people of Bangladesh reside in villages and geriatric population is also increasing day by day. The study showed that the commonest complaint was vaginal itching, urinary problem and few of them had genital prolapse. None of the subjects had complaints of psychological symptoms and depression. Findings of health care-seeking behavior for general health problems are associated with socio-demographic status in spite of the available health facilities in these communities. The utilization of the traditional drug healers was found very high in this study.

Cooperation in the multidisciplinary care of women's gynecological health, health education particularly about gynecological problems and encouraging women to have a more active life style could help postmenopausal women. Establishing a stronger referral system or a combined menopausal clinic with different medical specialties should therefore be seriously considered in Bangladesh. Further

studies with a larger sample size are recommended to identify different life style, diet, and socio-cultural characteristics and to understand the health care-seeking behavior women of rural communities.

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