

Factors influencing health practices of postmenopausal women in a selected rural community of Mangalore, Dakshina Kannada district, Karnataka

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Abstract

Introduction: Although menopause is a universal phenomenon, there is a considerable variation among women regarding the age of attaining menopause and the manifestation of menopausal signs and symptoms.

Aim and objective: To determine the factors influencing health practices of postmenopausal women in a selected rural community.

Material and methods: Eighty postmenopausal rural women were selected randomly. Descriptive design was used. A 3-point rating scale was administered to collect the data.

Result: All the factors – awareness, personal, family, and socioeconomic – were moderately contributing to the health practices of postmenopausal women (mean % = 39.75, 45.5, 65, and 58.25, respectively), out of which family factors were striking. Eighty-three percent lacked knowledge regarding diseases of body and mind. All expressed fear to know about their diagnosis. Eighty-six percent expressed having no time for health maintenance. Sixty-seven percent felt lazy to do exercises. All wished to remain active and healthy throughout their life. Eighty-six percent said they would bother more about their children's health than their own. All expressed financial difficulties for health screening and dietary modification.

Conclusion: The new phase of life can be busy and fulfilling as one would like to make it. Women should stay active physically as well as mentally.

Keywords: Factors influencing, health practices, postmenopausal, rural community.

Introduction

The quality of life of the increasing aging population is important issue in India. It is generally believed that menopause is welcomed as a favorable event among rural women in India unlike in the West. This is attributed to the many perceived benefits of menopause such as freedom from cultural restrictions imposed on younger women and the burden of childbirth as well as the discomforts associated with menstruation¹.

Over life time the health of women is usually worse than that of men. Moreover certain health problems are more prevalent among women than among men and certain health problems are unique to women/affect women differently than men. Accordingly to the National Population Policy 2000, the complex socio cultural determinants of women's health & nutrition have cumulative effects over a lifetime. In India social, cultural and economic factors continue to inhibit women from gaining adequate access to even the existing public health facilities².

With a life expectancy close to 80 years the average women is post-menopausal for 1/3rd of her life. Life style modification, adequate intake of calcium and vitamin D, regular weight bearing exercise, screening, early identification and appropriate interventions may prevent many chronic conditions that cause morbidity and mortality during post-menopausal years³.

Materials and methods

Eighty postmenopausal mothers were selected randomly for the study. The investigator explained the purpose of the study, the role of the subjects in the study, benefits, duration and obtained consent. The data collection tool included a demographic proforma with 13 items and a 3-point rating scale with 20 items with awareness, personal, family and socioeconomic factors. The reliability of the tool was established using test-retest method. Pearson's correlation coefficient formula was used to estimate reliability ($r=0.90$). The sample comprised postmenopausal women who were not on HRT, those who attained menopause naturally, and have stopped menstruating since twelve months.

Analysis and interpretation

Demographic findings

The data presented in Table 1 shows that most of the subjects (28.8%) were belonging to 51-55 years of age. Majority of the subjects (75%) attained menopause between the age of 41-50 years. Majority of the subjects (77.5%) were of nuclear family. Majority of the subjects (80%) were married. Most (48.8%) had two children. Majority (68.8%) had secondary education; majority (71.3%) were housewives. Most of the subjects (46.3%) had a monthly income more than Rs. 5,000. Majority (93.8%) were non-vegetarians. Majority (70%) had positive body image.

Table 1: Learning needs of the subjects according to their preference

Areas	Order of preference (frequency)								
	1	2	3	4	5	6	7	8	9
Osteoporosis	39	4	5	3	6	3	8	5	8
Exercise	27	16	6	7	9	5	5	5	0
Diet	16	16	16	4	9	9	4	3	3
Cancer	31	15	5	9	2	10	4	0	4
Weight	35	12	6	9	13	1	3	1	0
Lifestyle	15	3	7	12	12	10	7	9	5
Mental health	14	5	5	6	4	11	19	12	4
Sexual health	15	1	6	6	5	6	5	20	16
Cardiac health	33	6	8	8	2	5	5	4	9

The data presented in Table 2 shows that 39 subjects ranked 'Prevention of osteoporosis' as their first preference; 19 ranked 'Mental health' as their seventh preference; 20 subjects ranked 'Sexual health' as their eighth preference. 'Weight control,' 'Cardiac health,' and 'Prevention of cancer' were the first priorities of 35, 33, and 31 subjects, respectively.

Table 2: Area-wise distribution of factors contributing to health practices

Areas	Range (H-L)	Max. score	Mean	SD	Mean %	Inference
Awareness	5-0	5	1.99	1.206	39.75	Moderately contributing
Personal	4-1	5	2.28	0.927	45.50	Moderately contributing
Family	5-1	5	3.25	1.013	65.00	Moderately contributing
Socio-economic	5-0	5	2.91	1.214	58.25	Moderately contributing
Total	17-5	20	10.43	2.661	52.13	Moderately contributing

All the factors were moderately contributing to health practices of the subjects, out of which, family factors were highly striking (mean %=65.00).

Item-wise analysis of contributing factors

- Eighty-three percent lacked knowledge regarding diseases of body and mind.
- All expressed fear to know about their diagnosis.
- Eighty-six percent expressed having no time for health maintenance.
- Sixty-seven percent felt lazy to do exercises.
- All wished to remain active and healthy throughout their life.
- Eighty-six percent said they would bother more about their children's health than their own.
- All expressed financial difficulties for health screening and dietary modification.
- Eight percent reported that they knew the exercises that strengthen the bones and prevent urinary incontinence.
- Thirty-six percent were aware of promotion of mental health.
- Fifty percent reported that they were consuming fruits and vegetables everyday.
- Forty-four percent felt that sexuality is essential that at this part of life.

Table 3: Correlation among factors

Variables	'r' value	P value
Awareness - Personal factors	0.060	0.599
Awareness – Family factors	0.148	0.191
Awareness – Socioeconomic factors	0.146	0.196
Personal – Family factors	0.276*	0.013
Personal – Socioeconomic factors	0.067	0.557
Family – Socioeconomic factors	0.276*	0.013

* **Significant correlation, P<0.05**

There was significant correlation between personal and family factors ($r=0.276$) as well as family and socioeconomic factors ($r=.276$) contributing to health practices.

Table 4: Association between demographic variables and mean overall factor score

Variable	χ^2 value	df	P value	Table value
Age	2.464	3	0.519	7.81
Age at menopause	2.480	1	0.115	3.84
Type of family	0.431	1	0.512	3.84
Marital status	0.450	1	0.502	3.84
No. of children	1.607	2	0.448	5.99
Education	2.036	2	0.361	5.99
Occupation	0.359	1	0.549	3.84
Income	2.101	2	0.350	5.99
Type of diet	0.000	1	1.000	3.84
Body image	0.210	1	0.884	3.84

There was no association between mean overall factor score and selected demographic variables since the calculated Chi-square values were less than the table value at 0.05 level of significance.

Discussion

In our health system women of the reproductive age group are given more importance. The post-menopausal women (more than 45 years) in both the urban and rural areas are neglected. A study on the menopausal symptoms in a rural area of Tamil Nadu, India, reveals that the most frequently reported symptoms were vasomotor (60.9%) followed by sleep related symptoms (40.1%) and anxiety (35.4%) only 46% of the post-menopausal women who had any one symptoms had taken treatment. The reasons for not taking treatment for the menopausal symptoms among the study participant were mainly their financial constraints (56.1%) and family problems (35.2%)⁴. Another study on health problems of post-menopausal women in rural India revealed that women experienced all the 3 types of menopausal health problems. Vasomotor, Psychiatric and somatic, majority experienced somatic symptoms like tiredness (88.4%) and headache (78.4%). Among the psychiatric, depression episodes were experienced by 13.6% of the subjects⁵. In this study, 40% reported sleeplessness, 33% gained weight, 30% had mood swings, 30% had hot flashes, 23% had urinary incontinence, and 28% complained low sexual interest.

A study conducted on how much do Rural Indian Husbands Care for the Health of their Wives reveal that husbands escorted their wives to hospital in 30-40% cases. Husbands decided regarding the treatment agency in the majority of cases.⁶ In this study, 76% reported that their family supported them to take care of their health.

Generally women from developing countries tend to view menopause and its symptoms as a natural process that does not require medical care, so they are less aware about the health-related issues of menopause. Moreover, a culture of silence prevents them from seeking health care. However, recent studies have shown that educated women from developing countries are now seeking treatment for menopausal problems⁷. In this study, all women wished to be active and healthy throughout their life.

A study on Factors Associated with attitudes of Rural Women toward cervical cancer screening revealed that 86.9% expressed that their husbands would permit them to go for screening. Factors such as a woman of young age and house wives were significantly associated with the role of husbands in permitting their wives to undergo pelvic examination. Women with previous experience were comfortable during the examination; they did not feel pain or embarrassment during the procedure of screening. Women of younger age, literate and their husbands were more likely to avail screening facility. Older and illiterate women were less likely to avail screening facility⁸. In this study, all women expressed fear about going for check up and knowing

about their new diagnosis. All expressed financial difficulties to meet the expenses of screening and diet modification.

Conclusion

Menopausal health research demands priority in Indian setting due to increase in life expectancy as a result of which women normally live between 10 and 20 percent of their lives in the postmenopausal state. The United States Preventive Service Task Force has identified clear evidence that the health of women can be improved through preventive health screening⁹. Many of the problems can be prevented or delayed, and women can continue to live active healthy lives after the menopausal years if proper attention is given to their health needs³.

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