

**HOW HEALTHY ARE THE WOMEN IN THE PERI AND POST MENOPAUSAL AGE:
A CROSS-SECTIONAL STUDY IN A SLUM OF KOLKATA**

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Abstract

Introduction: Indian women in the peri and post menopausal age group know little about the health implications of menopause or their coping strategies. This is more apparent among the marginalized and underprivileged women living in the squalor of the slums. **Objectives** of the Study: To identify the major health problems faced by these women, to find out their regular dietary habits and lifestyle pattern and to assess their perceived well-being and care seeking behavior. **Methodology:** A community based cross sectional study was carried out in an urban slum area of Chetla, Kolkata, for a period of two months between 1st March 2014 to 30th April 2014 among women between 45 to 65 years of age group using a pre-tested, semi-structured schedule. **Result:** The commonest self-reported morbidity among these women was easy fatigability(77%) while performing daily activities and muscle and joint pain(61%). Their diet mostly lacked in fruits and milk and (96%) of them lead a sedentary life style. Majority perceived their health status as being “fair” and (72%) of them admitted that they do not seek any health care service until they have some overt illness. **Conclusion:** Multiple childbirths, low quality diet, sedentary lifestyle and poor health seeking behavior have made these women prone to various morbidities. Intensive health education and health care programmers should be planned and executed specially for peri and post-menopausal women so that they are motivated to adopt healthy dietary and lifestyle pattern and to seek for health care service in time.

Keywords: Peri and Post Menopausal Women, Wellbeing, Dietary and Lifestyle factors, Health Seeking Behavior

Introduction

Menopause is emerging as one of the major health issues owing to rapid urbanization, changing life style, and increased longevity in middle aged urban Indian women, who

are evolving as a homogeneous group. About 130 women are expected to live beyond the menopause into old age by 2015.^[1]

The physiological alteration in the cyclical ovarian function begins early at the commencement of climacteric period i.e., around 35 years of age. During the perimenopausal period, the regular cyclical occurrence of menstruation is disrupted and menstruation becomes irregular. This phase may last anywhere from six months to a year.

Menopause is defined as the complete cessation of the menstrual period. Women are described as postmenopausal when they have gone one year without a menstrual period.

Morbid conditions such as vasomotor instability, psycho sexual problems, mental-physical exhaustion, anxiety-palpitation or genitourinary discomfort, bony pains in general and osteoporosis, diabetes and coronary arterial disease in particular are commonly seen later during and/or after menopause.^[2]

However most women remain oblivious of the short and long time implications of the morbid conditions associated with middle and old ages, simply because of lack of awareness. a sense of self apathy, scarce availability of quality health care facilities and ever increasing expenditure of healthcare particularly amidst the marginalized and underprivileged women residing in the urban and semi urban areas.

This study was undertaken with the aim to identify the self reported morbidities among women aged between 45 to 65 years residing in an urban slum of Kolkata, to ascertain the daily dietary habits and lifestyle pattern of the study subjects and to determine their perceived well-being and care seeking behavior.

Methodology:

STUDY TYPE: A community based cross-sectional study.

STUDY AREA: Four lanes-19A Chetla Hat Road, 19 B Chetla Hat Road, Naba Roy Lane and Gopalnagar Road forming a part

of the urban slum area of Chetla, Kolkata were selected.

TIMELINE:-The study was conducted over a period of two months (1st March 2014 to 30th April 2014).

STUDY POPULATION: Women in the 45 to 65 years age group

EXCLUSION CRITERION:

- 1) Women below 45 or above 65 years of age.
- 2) Women unwilling to participate
- 3) Seriously ill women

STUDY TECHNIQUE: One to one interview technique was used.

STUDY TOOL: A pre-designed, semi-structured schedule was prepared and translated to Bengali maintaining semantic equivalence for the ease of understanding by the respondents.

SAMPLE SIZE: Based on the anticipation that women belonging to the age group of 45 to 65 years present with some form of morbidity in 50% of the cases the “p” value was taken as 50% allowable error (L) was taken as 10%, and the sample size (n) was calculated by the formula: $n=4pq/L^2$ where $p=50/100=0.5$, $q=1-p=0.5$ and $L=10/100=0.1$. Therefore “n” was computed as 100.

SAMPLING METHOD:

Purposive sampling method was used to recruit women between 45 to 65 years age group who were willing to participate.

The Urban Health Centre at Chetla was considered as a landmark and from there four lanes were considered in four directions.

It was decided that “25” women would be chosen from each of the four lanes for equal representation.

The house closest to the health centre was considered as the first house in each lane and thereafter the adjacent houses were considered one by one till the requisite sample size (for each lane) was obtained.

STATISTICAL ANALYSIS: Analyses was done using SPSS version 19.

ETHICAL CONSIDERATION:

Written permission was obtained from the mother institute, All India Institute of Hygiene and Public Health as well as from the Officer-In-Charge of Union Health Centre, Chetla. Informed verbal consent was obtained from the respondents.

Results

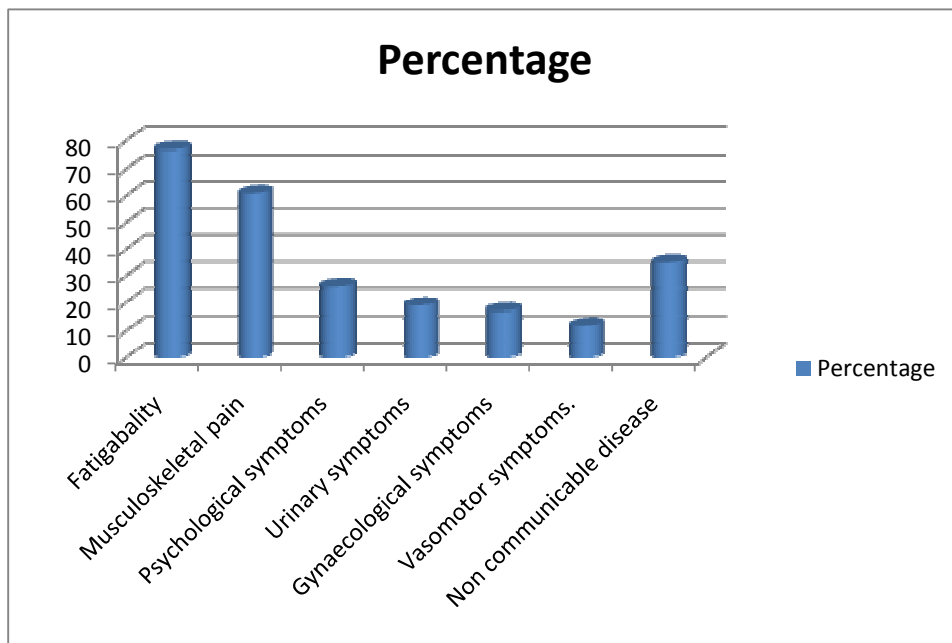
Most of the women belonged to the age group between 45-50 years (63%) (79%) of them have attained menopause. (72%) of the respondents were literate and majority of them are homemakers (86%). (95%) of the respondents belonged to nuclear family and (63%) of them had three or more children.

The dietary habits of the respondents reflected that (98%) of them

consumed vegetables on a daily basis which included seasonal as well as green leafy vegetables. Moreover (58%) consumed non vegetarian food items which mostly included fish at least twice or thrice weekly with (24%) consuming them on a daily basis. But (70%) of the respondents consumed fruits occasionally and (45%) never consumed milk at all.

(55%) rated the intensity of their daily work as being “light” whereas (88%) admitted that they work for less than eight hours on usual days which mainly included cooking for the family, washing clothes and cleaning the house. (96%) of the respondents said that they never indulged in any form of physical activity like brisk morning walks, jogging, yoga etc.

FIGURE 1: Self reported morbidities among the respondents (multiple responses)



As seen in Figure (1) the commonest self-reported morbidity identified among the respondents is the feeling of easy fatigability and weakness (77%) while performing daily household chores. Pain in the muscle and

joints particularly lower back pain is the next common morbidity (61%). (26%) women presented with psychological complaints like irritability, excessive worrying over trivial matters, hopelessness

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and mood swings. (19%) presented with urinary symptoms like frequency and urgency. (17%) had gynaecological symptoms mostly the peri-menopausal women in the mid-forties age group presenting with complaints of oligomenorrhoea and hypomenorrhoea, with the elder menopausal women reporting of vaginal dryness and lack of sexual desire.

(12%) said that they experienced hot flushes and excessive sweating in the night. Besides (35%) had present and past history of non communicable diseases, with hypertension accounting for (80%) among these cases, Diabetes Mellitus being (48.6%) and Stroke (9%).

FIGURE 2: Perception of general health according to the respondents

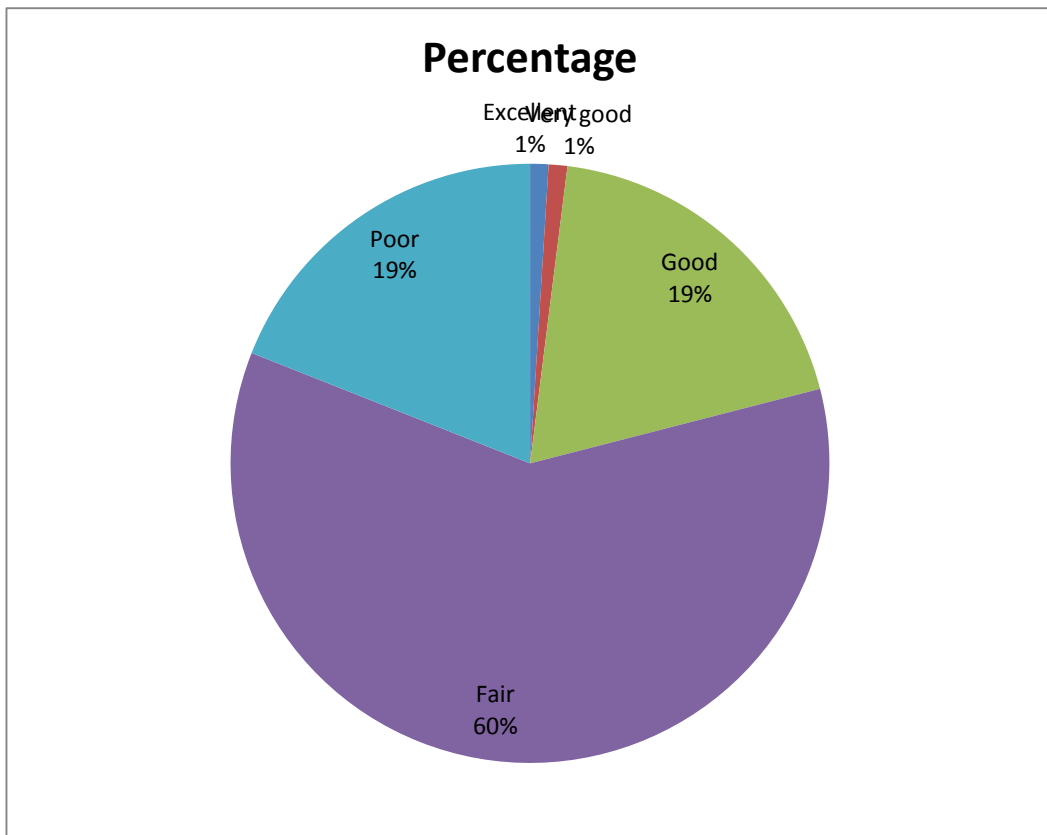


Figure 2 shows that the respondents’ own perception about their general health is that 60% of them believed that their health status could be termed as being “fair” because they

continued to be nagged by complaints of weakness and somatic pain on most of the days. Only 19% convincingly said that their general health is “good”.

TABLE 1: Care seeking behaviour of the respondents for individual morbidities

Morbidity	Frequency N (%)	Sought health care N (%)	On self medication N (%)	Did not seek healthcare N (%)
1.Fatigability	77(77)	15(19.5)	0(0)	62(80.5)
2.Musculoskeletal pain	61(61)	20(32.8)	22(36.1)	19(31.1)
3.Non-Communicable diseases	35(35)	32(91.4)	0(0)	3(8.6)
4.Psychological symptoms	26(26)	0(0)	0(0)	26(100)
5.Urinary symptoms	19(19)	6(31.6)	1(5.3)	12(63.2)
6.Gynaecological symptoms	17(17)	13(76.5)	0(0)	5(29.4)
7.Vasomotor symptoms	12(12)	0(0)	0(0)	12(100)

The women mostly sought healthcare for non communicable diseases like hypertension, Diabetes Mellitus and Stroke (91.42%) whereas none of them visited any health facility for the psychological and vasomotor complaints.

(53%) of them had not visited any health facility for routine check-up for a period of 6 months or more and (72%) of them admitted that they usually don't go to a health facility without any overt illness.

Discussion

The commonest morbidities reported in our study are easy fatigability (77%) along with muscle and joints pain (61%). The results are similar to another study^[3] where joints pain (58.9%) and low back pain (55.3%) were commonly reported problems besides visual symptoms. In that particular study^[3] easy fatigability was higher (39.2%) in 45 to 55 years age group than in 55 to 65 years age

group (28.1%). But no such variation with age was observed in our study.

In a study conducted in Mumbai city^[4], reproductive illness accounted for the highest percentage (28.2%) unlike this study where only (17%) reported of gynecological symptoms.

A study conducted in Tamil Nadu^[5] presented with an overall prevalence of (60.9%) of vasomotor symptoms but in our study only (12%) respondents reported such symptoms.

(22%) of respondents in a study conducted in Maharashtra presented with genitourinary complaints whereas in our study (19%) presented with urinary symptoms and (17%) with gynecological ones.

Only 46% of the post-menopausal women in a study conducted in Tamil Nadu^[5] who had any one symptom had taken treatment.

Similarly in our study too, the health seeking behaviour remains poor with majority of the respondents(72%) not seeking medical help for most of their symptoms and not visiting health facilities for routine check up unless there is an overt illness.

LIMITATIONS OF THE STUDY:

The sample size is small. Besides being a onetime cross sectional study interventions could not be provided to the respondents regarding their incorrect dietary habits, lifestyle pattern as well as care seeking behaviour. Moreover most of the respondents were reluctant to disclose about the gynaecological and sexual problems faced by them. Lastly the morbidities were self reported so there is a high chance of mis-reporting by the respondents considering their literacy level and other factors.

Conclusion

This study suggests that the menopausal and peri-menopausal women carry a major burden of several health problems which remain neglected and lead to the deterioration of quality of life in the later stages.

Besides their diet is inappropriate with most of them choosing to ignore the usefulness of including fruits and milk in the diet. This coupled with multiple child births rob their bodies of essential nutrients.

Moreover majority of them are completely unaware of the concept of undergoing a routine checkup even in absence of overt illness. They don't seek care for the minor ailments which might later flare up to cause major health concern.

Hence this study recommends the health care providers to make honest attempts to address these health issues in such a manner that the women are made more health literate.

Intensive health education and health care programmes should be planned and executed for peri and post menopausal

women for motivating them to adopt a healthy lifestyle and dietary pattern along with a proper care seeking behavior. But precaution must be taken not to pathologise menopause but to explain to every woman that it's a normal physiological transition.

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References

1. Kaulagekar Aarti; Age of Menopause and Menopausal Symptoms among urban women in Pune, Maharashtra; The Journal of Obstetrics and Gynaecology in India;May/June 2011;pg 323-326
2. Sengupta Amit, Srinivasan Nithya: Predicting menopausal health in a diverse population group through a theoretical linear model: Scientific Research an Academic Publisher; Vol .2, No.11, 1320-1326(2010)
3. Awasthy S, S Sumithra,,Valsala L. S,Sandheep .S,Lohidas .V et al;Self Reported Morbidity and Awareness Regarding Common Cancers in Elderly Women;JCommun Dis38(1) 2006;106-11.
4. M. Neha,JesaniAmar;Morbidity among Women in Mumbai city:mpact of work Environment;Economic and Political weekly Oct 1997;32(43);ws 38-ws49
5. Dutta Ruma, Dcruze Lawrence. R. Anuradha, Rao Shivani,M. R Rashmi: A Population Based Study on the Menopausal Symptoms in a Rural area of Tamil Nadu,India;Journal of Clinical and Diagnostic Research ;May2012;Vol 6 Issue 4;Pages 596-601
6. .Sidhu S, Kaur A, Sidhu M. Age at menopause in educated women of Amritsar (Punjab). J. Hum.Ecol, 2005; 18(1): 49-51

“How healthy are the women in the peri and post menopausal age: A cross-sectional study in a slum of Kolkata”

7. Singh A, Arora AK. The profile of the menopausal women in rural north India. *Climetric* 2005; 8: 177-84
 8. Jahanfar SH, Abdul Rahim BA, Shah Reza BK. Age at menopause and menopausal symptoms among Malaysian women who were referred to a health clinic in Malaysia. *Shiraz E-Medical Journal* 2006 July; 7: 3
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