ORIGINAL RESEARCH ARTICLE

Postmenopausal Experiences and Constraints in Seeking Health Care in A Rural Area of West Bengal, India

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DOI: 10.55489/njcm.140420232880

ABSTRACT

Introduction: During menopause, women experience various psychological or physical changes which need adequate attention. Moreover, women don't seek help for these problems due to their hesitancy, lack of awareness, socio-cultural, financial constraints or as they feel this is a natural-phenomenon. The study aims to explore the postmenopausal experiences faced by women during menopause and to elicit the constraints faced by them in seeking health-care services.

Methodology: This was a qualitative study with phenomenological approach conducted among post-menopausal women (≥45 years) from Oct 2022-Jan 2023 with the help of In-Depth-Interview guide in four villages of Bhatar Block, Purba-Bardhaman District. Considering the availability of the study participants, they were selected purposively from the list prepared by ASHA of each village and recruitment done till the point of data-saturation. Inductive thematic-analysis was used to identify codes and themes.

Results: During menopause, women experienced physical and psychological changes in the body, changes in social life and for these changes they had to adjust to cope-up. They felt various needs like empathy from husbands, children, peers. On the other hand, they did not seek help from health-care services due to their knowledge gap, dissatisfaction from previous-visit, cost-issue and unavailability of resources in health-care delivery system.

Conclusion: Majority of the post-menopausal women faced various problems associated with menopause, but very few had sought help. So, health care providers have an important role to generate awareness among post-menopausal women regarding physical and mental changes during this phase.

Key words: post-menopausal women, experience, health-care seeking behaviour, qualitative-study

ARTICLE INFO

Financial Support: None declared
Conflict of Interest: None declared
Received: 12-02-2023, **Accepted**: 02-03-2023, **Published**: 01-04-2023
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How to cite this article:
Sarkar A, Samsuzzaman MD, Thakur RP, Taraphdar P. Postmenopausal Experiences and Constraints in Seeking Health Care in A Rural Area of West Bengal, India. Natl J Community Med 2023;14(4):212-218.
DOI: 10.55489/njcm.140420232880

www.njcmindia.com | pISSN09763325 | eISSN22296816 | Published by Medsci Publications

INTRODUCTION

Menopause is a natural process that occurs in women's lives as part of normal aging. Menopause is defined by the World Health Organization (WHO) and the Stages of Reproductive Aging Workshop (STRAW) as the permanent cessation of menstrual period that occurs naturally or is induced by surgery, chemotherapy or radiation.[1] Natural menopause is recognized after 12 consecutive months without menstrual periods that are not associated with physiological (e.g., lactation) or pathological causes.[1]

Menopause is a transitional process experienced by over 500 million women aged between 45-55 years each year worldwide. The number is expected to increase to 1200 million by the year 2030.[2]

Though for some women these do not create any problem as they feel relieved that they have not to worry about painful period or getting pregnant, but for others, the menstrual transition can bring about disquieting symptoms like hot flashes, difficulty in sleeping, decreased libido, mood swings, irritability, depression or combination of all these symptoms.[3]

Menopause causes a decline in the blood estrogen level, due to decrease which, several changes occur in women, including vasomotor instability, decreased psychological functions and urinary tract infections.[3]

It was also observed in a previous study[4] that menopausal symptoms (mainly hot flushes and vasomotor symptoms) have been linked to adverse health indicators including cardiovascular disease risk, lower bone density etc. These associations may result from the direct effect of cessation of menstrual functions and the related hormonal changes, or may be an indirect result of the other factors that are associated with age at menopause.[5]

Women have different experiences in the peri and post-menopausal period due to these hormonal changes.[6] These experiences of menopause are influenced by many factors like beliefs, values prevalent in the socio-cultural settings, the background characteristics of women and the ways in which the women adapt to the changes in this phase of life.[7]

Previous studies[7,8] revealed post-menopausal women experienced physical and emotional changes, changes in marital and family relationships, and adopted different coping strategies to enhance their physical and emotional wellbeing, to meet their felt needs and support from family.

Though RMNCH+A Program covers women of reproductive age group, no specific health program in India has been implemented to specifically target postmenopausal women. Women also do not seek help for these problems as they feel this is a natural phenomenon or due to their shyness, lack of awareness, family problems or financial constraints as found in some previous studies.[9,10]

A qualitative study on postmenopausal women can explore their problems, difficulties, needs, challenges etc., during this transition phase which can help health policymakers to provide the best care for postmenopausal women so that they can go through this period with minimum complications. Moreover, very few studies have been conducted in rural areas of West Bengal to address this issue a deeper level; therefore, this study was planned to explore the postmenopausal experiences faced by women during menopause and to elicit the nature of constraints faced by them in seeking health care from existing system.

OBJECTIVES

The study was conducted to explore the postmenopausal experiences faced by women during menopause and also to elicit the constraints faced by them in availing health care services from the existing system.

METHODOLOGY

Study type, design, Study area and Study population: This study was qualitative study with phenomenology approach, conducted in Bhatar community developmental block of West Bengal, India during October 2022 – January 2023 among postmenopausal women aged ≥45 years who were residing in the study area, willing to give informed consent and not experiencing menstrual bleeding for at least last 12 months were included. Women who were seriously ill, having cognitive impairment or any history of hysterectomy or hormonal therapy were excluded.

Sample Size and Sampling Technique: The study being qualitative in nature, the size of the sample of postmenopausal women was determined by data saturation and data exhaustion. There are 38 subcentres in Bhatar community development block. Considering the convenience of data collection, 10% subcentres i.e., 38×10%= 4 were chosen by simple random sampling. Subcentre wise village list was collected from the block authority. From each subcentre 1 village was selected again by simple random sampling. Finally, 4 villages were selected. List of eligible subjects were prepared with the help of ASHAs. Considering the availability of the study participants, they were selected purposively from that list. After each interview (lasts for 15 mins), data was evaluated to decide next interviewee. After interviewing 18 postmenopausal women from all 4 villages, data become saturated where no new information evolved.

Tools and Techniques: In depth interview guide was prepared in consultation with subject experts. It was translated into local language (Bengali) from English and back translated by another researcher keeping semantic and linguistic equivalence. Pretesting was done among 4 post-menopausal women of

another block of Bardhaman district and checked if required data was obtained from that IDI. Changes were done as per requirements. In depth interview (IDI) was done by the first author among study subjects till the point of data saturation, which was assessed by simultaneous data analysis. Audio-recording was done during interviews.

Data collection: Data was collected after ethical approval by Ethics Committee (Memo no- BMC/ I.E.C/ 604) of Burdwan Medical College. Prior to data collection, the district and block level health authorities were informed, and their co-operation was sought.

Data was collected at the household level of each study subject by the first author, after briefing the purpose of the study and taking informed consent from the subjects. They were also be assured about the confidentiality of information. The address/ household locations of selected study subjects were identified with the help of ASHAs and all of them were interviewed about 15 mins according to the IDI guide till the point of data saturation about their experiences during menopause and constraints faced in seeking help from public health care services. Field notes was taken and with that audio recording was done for maintaining anonymity.

Data Management and Analysis: Collected field data was checked for completeness and consistency and recorded audio was heard repeatedly by researcher. Then, transcribed verbatim was prepared in English and familiarity gained by reading transcripts multiple times to obtain general impression. The resulting text from the interviews were read line by line and broken down into meaningful units (words/ sentences), which was then abstracted and coded by the researcher. Then, theses codes were organised and condensed to develop themes through inductive approach. These themes represent the collective understanding of the data as per perceived experiences and constraints. The report was prepared following the reporting guidelines of COREQ.[11]

RESULTS

In depth interviews were done among 18 post-menopausal women from four villages of Bhatar community development Block of Purba Bardhaman District, West Bengal to explore the experiences faced by them during menopause and to elicit the constraints to avail the existing health care services. The result has been presented by tables of generated themes subthemes, supportive codes and some sample verbatim. Themes and sub themes were presented by a sunburst chart and a fishbone diagram. The different perspectives of the study subjects have been expressed under each theme category

Statements in *Italics* indicate direct quotations from the study subjects. "Consolidated Criteria for Reporting Qualitative research" (COREQ) guidelines were followed during reporting the present qualitative work.[11]

Experiences faced by post-menopausal women during menopause

From the analysis 5 major themes were emerged which are discussed under few sub themes: 1) Changes in the body during menopause, 2) Changes in social life, 3) Subjective experiences during menopause, 4) Adjustment in life for the phase, and 5) Needs felt during this phase.

Changes in the body during menopause: The result of the study indicated that the participants were experiencing new changes in life in this phase which they did not experienced previously.

Physical changes: All participants pointed out that in this period they have faced some problems like excessive sweating, back pain or knee pain, tiredness, sleep disturbance at night due to night sweat, dryness in the skin etc. one participant said (participant number 5)

> "*Suddenly my menstruation became irregular and I sweat a lot. My body gets hot sometimes. I feel very tired. I feel old and my joint pain started after this period"*

Psychological changes: Most of the participants complain about their mood changes and behaviour changes like irritability, aggressiveness, anger issues, low mood, anxiety etc. Among them one stated (participant number 3)

> "*I feel upset, low at home. Sometimes in small things I get irritated and aggressive.*"

Another one said (participant number 12)

> *"I rarely get sound sleep,…….I don't get motivation to any work now a days….. I forget things easily now a days"*

Changes in social life:

Socially inactive: One stated ((participant number 9)

> "*My lack of energy made me realise I am not young anymore. When I look at other young women I feel that I am missing something compared to them.. It makes me feel bad and incomplete. So, I prefer not to interact with people"*

Most participants reported they are not valued any more due to these physical changes.

Negative interpersonal relationship: Due to their physiological changes (irritability, anger issues/ bad temper) they were facing some negative or adverse effects in social life. Their relationships with their children or spouse were being negatively affected.

Subjective experiences during menopause:

Free from worries related to menstruation: Some participants stated that they feel relieved that they have not to worry about painful period or getting pregnant.

Internal conflict: Following the changes, the women said that they are struggling with many disturbing thoughts about getting old quickly. They are being afraid of aggravating symptoms and disabilities, but they also experienced a sense of hope that the situation is not permanent and may end after a while. One stated

"I am afraid of getting old and the present symptoms like sweating, joint pain uneasiness will continue to get worse…. But I hope these symptoms are temporary…"

Adjustment in life for the phase:

Attempting to overcome by herself: Some of the participants stated that due to these recent changes in the body they are trying hard to overcome those problems on their own way. One stated (participant number 5)

"It would be good if someone helped me. I am trying to handle the situation on my own as I did with many events previously."

Effective efforts: Most of the participants stated they are engaging themselves in different type of works or some went to doctor to reduce the symptoms. One stated

"I try to forget my problems by engaging myself in household works, talking with neighbours."

Felt need during this phase:

Empathetic husband: Women said at during this period they felt they should get more attention and support from their spouse, and they want that their husband can understand their situation. Sometimes they feel their husband is not well aware about this situation.

Sympathetic peers: As they often do not get empathy from the family, they want some friend or neighbours who are in the same phase and can feel their problems and can empathize them. One stated (participant number 15)

"I need some friends or relatives with whom I can share my experiences who can sympathize me so that I worry less"

Specialised guidance: Participants feel that they need specialised guidance regarding these symptoms so that they can understand what actually happen in this transition phase.

One participant said (participant number 11)

"I need an expert or doctor who can answer all my question. I need advice and more information so that I can cope better with this phase .."

A sun burst chart was prepared that depicts the relative contribution of various themes and sub themes that emerged from the analysis of IDIs regarding experiences during menopause among post-menopausal women [See figure 1]. Inner circle represents the identified themes and surrounds outer circle contains the subthemes. Each theme and subtheme under it are different colour coded. The angle of each segment is proportional to the representative data weightage.

Constraints to avail health care services from existing system:

From the IDIs analysis 3 major themes were generated which are discussed under few sub-themes: 1) Behavioural constraints, 2) Constraints in utilization of services, and 3) Constraints in quality of health care provided.

Behavioural constraints:

Knowledge gap: study subjects feel during old age these symptoms happens and as their previous generation faced same during this face and did not seek help from any health care service, so this is not necessary. One stated

"When people become old, these symptoms happen. This will be alright after a while so I don't think I should go to hospital."

Hesitancy: Some subjects hesitate to seek help from healthcare delivery system due to fear of investigation and they feel consultant will not pay much attention as it is a natural process and. One stated (participant number 13)

"As it is a natural process, I just don't know how much importance the doctor would give to my problem." Another one stated *"if I go the doctor, he will give me a number of tests so I do not prefer to go."*

Constraints in utilization of services: this is faced by the subjects who did not went to the facility for the problems they faced.

Unavailability of resources: subjects said due to lack of lady doctors or unavailability of medicine which were prescribed for these symptoms they do not go to the health facility. Participants stated (participant number 16)

"*I want a lady doctor to discuss the problems occurring to me. but I heard there is to lady doctor in our nearest facility… I also heard the prescribed medicines are not available in the hospital."*

Communication constraints: Due to long distance of the facility, not having proper communication facility and cost issue participants have problem to seek help from the existing facility.

Time constraints: Time is a major factor as per the participants as they are house wives they have to do the household work. As per one subject (participant number 4)

"I heard that hospital is open from 10 AM to 2 AM. I have to do household work in that time period. So, it is difficult for me to avail services."

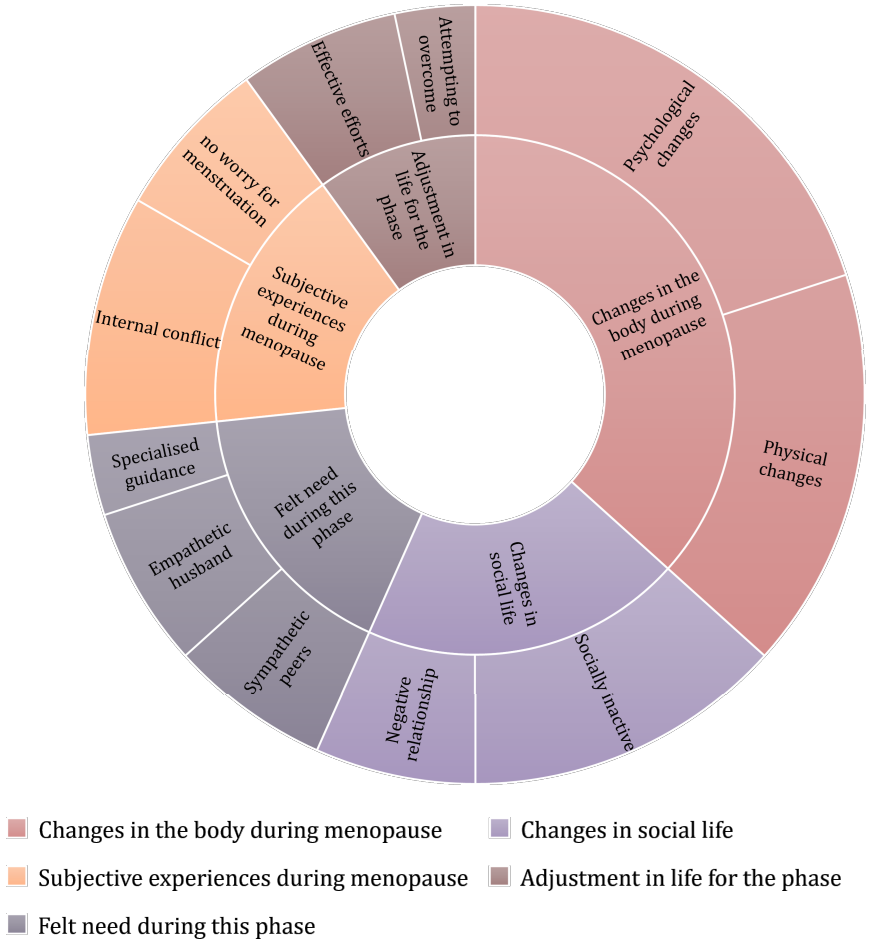

Figure 1: Experiences faced by the study subjects during menopause

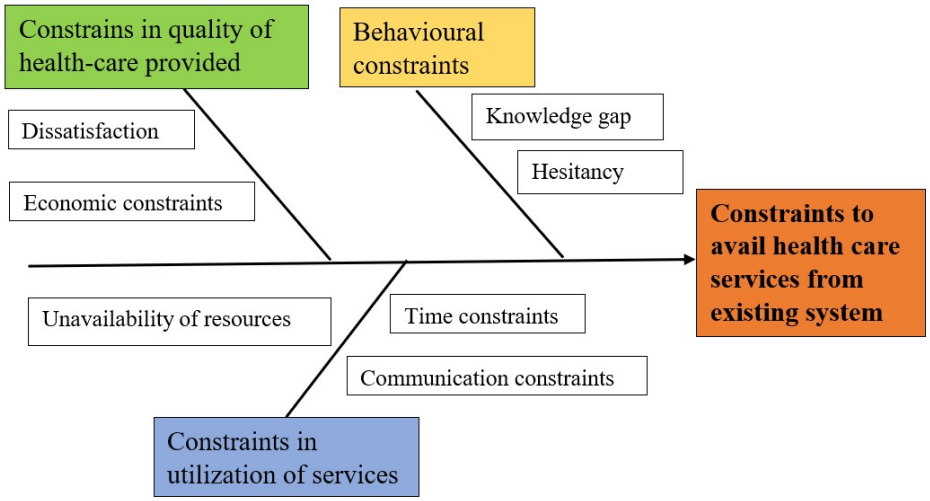

Figure 2: Fishbone diagram showing constraints to avail existing health care services among study participants in a block of Purba bardhaman district, West Bengal

Constraints in quality of healthcare provided: this is faced by the subjects who went to the facility for the problems they faced.

Dissatisfaction: symptoms persist even after going to a consultant and taking medicines. One of the participants said (participant number 6)

"I went to a doctor about my problem but he did not give much attention to my problems… he prescribed some medicines but my symptoms did not minimize."

Economic constraints: Participants stopped to going to health facility due to high cost of the medicines

prescribed previously. One stated (participant number 3)

> *"I went to the facility for my problem.. doctor examined and check me up. Prescribed medicines. But those were not available in the facility, so I had to buy those medicines from outside. The medicines were really costly"*

A fishbone diagram was prepared to represent the constraints faced by the subjects in seeking health care. [See figure 2]

Discussion

The present study conducted to explore the experiences of post-menopausal women facing during the transition phase of their life and also to elicit the constraints faced by them to availing existing health care services in a block area of Purba Bardhaman District, West Bengal, India.

Our study showed most of the women experienced physical (e.g., physical pain, excessive sweating) and psychological changes (irritability, bad temper etc) during this phase. A study in Iran[12] revealed joint and muscle pain are the most common physical symptom and irritability and mood swing are the most common psychological symptoms, which is similar to our study. Another study in Malasia[13] showed that women identified physical changes, including diminished ability to work, tiredness, seeking attention, hormonal and emotional changes as signs of aging and often associated with menopause. Sexual incompatibility and marital discord which was reported in other studies[14,15] could not be elicited in our study probably due to cultural taboos and lack of privacy among rural women.

Our study showed the behaviour of the husband and children is affected due to the behavioural changes occurred during menopause and they want that their husband or family can understand their situation, so that they can easily cope up the situation. Wong et al.[15] (2018) revealed knowledge, family support is very much important to help women to manage menstrual symptoms. A systematic review[7] done among 40-65 years menopausal women worldwide revealed six major findings. Those were i) menopause is a natural event in a women's life that is closely associated with psychological events of midlife and the aging process, ii) the physical and emotional changes of menopause strongly affect the women, iii) the women perceived menopause as a time of loss and gains, iv) resilience is improved at the time of menopause and coping strategies are adopted to enhance physical and emotional well-being, v) health issues, family and marital relations, socio-cultural background influenced a women's sex life, vi) women should be prepared and have their needs supported according to their perspectives. These observations were very similar to our study findings, as described under various themes and subthemes. Another study in Karachi, Pakistan[16] observed that menopausal women described their positive and predominantly negative experiences of menopause, intensified by mental distress, lack of support from partner and misconceptions about menopause. A majority of women emphasized the need for educating their husbands regarding these changes. This finding is quite similar to our study. Besides that, our study findings are in agreement with many other studies[17,18] on women's perception and experiences of menopause.

On the other hand, availing existing service delivery we found constrains faced by the subjects in availing health care services either due to behavioural constraints or due to transport issue, time constraints or unavailability of services, economic problems and dissatisfaction. Some relevant studies[9,10] points out the similar findings. A study in Bhopal[9] revealed most common reason for delayed or no treatment seeking was lack of awareness, followed by financial constraints. Another study in Hyderabad[10] showed 42.2% women did not seek health care as they thought they will be normal with time followed by fear/ shyness, family problems and lack of transport. A study by Khan S et al in Aligarh[19] showed majority of the study subjects in rural areas either said they did not know what could be done or that traditional or home-based measures should be resorted to. Another systemic review[20] revealed that self-management strategies were followed by most women for their menopausal symptoms which was mainly influenced by cultural barriers and those women who sought health care for menopause specific symptoms were dissatisfied with the care they had received.

Limitations

The study was conducted in a purposively selected community development block of Purba Bardhaman District so, findings of our study could not be generalised in all postmenopausal women residing in the rural area of that district. Sexual incompatibility and marital discord could not be elicited in our study probably due to cultural taboos and lack of privacy among rural women.

Conclusion

Women experienced various changes during menopause. Very few women want to seek solutions for their menopause related problems from health care providers. Therefore, awareness generation activities through grass root level workers should be considered in the national health program.

Acknowledgment

I like to express my gratitude to the district and block level health authorities and ASHAs who help in the process of data collection.

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