A Cross-sectional Community-based Study on Healthcare seeking Behavior of Elderly Women for Urogenital Symptoms

ABSTRACT

Introduction: Sociological literature indicates gender differentiation in both health status and use of health services. It has been observed that women did not complain of any medical problem until it started interfering with their daily activities. Therefore, a cross-sectional community-based survey was conducted in lower socioeconomic group areas of Delhi to document the health care-seeking behavior of elderly women for urogenital symptoms and also to explore the reasons that influence them.

Aim and objective: The study aimed at documenting the health care-seeking behavior of elderly women belonging to lower socioeconomic group for urogenital symptoms and also to improve their health care-seeking behavior by using information education and communication (IEC) and behavior change communication (BCC) strategy.

Materials and methods: Stratified random sampling technique was applied for selection of 5 zones out of the 12 Municipal Corporation of Delhi (MCD) zones. The zones were selected according to their size by using probability proportional to size sampling. The list of colonies was taken from the website of MCD. Then an equal number of 20 colonies from this list was selected by simple random sampling from each of the five zones. From these 100 colonies, a total of 824 women aged 50 years and above were identified through snowball sampling. From these 479 women who suffered from urogenital problems, nearly 271 (56.6%) did not report it to doctors.

Results: Analysis of responses of representative sample of 824 women aged 50 and above in statistically selected low socioeconomic group areas of National Capital Territory of Delhi revealed that 479 (58.1%) of the women were found to be suffering from urogenital problems. From these 479 women who suffered from urogenital problems, nearly 271 (56.6%) did not report the problem to their family members and 262 (54.8%) did not report it to doctors.

Conclusion: Based on the results of this survey, it was concluded that many elderly women do not report about their urogenital symptoms neither to their family members nor to doctors for various reasons. Therefore, the women should be made aware about the existence of effective screening and health care facilities for their problems. They should be educated about the ways to prevent these problems. The IEC and BCC strategies should be used in the lower socioeconomic group areas to improve the health care-seeking behavior of elderly women for urogenital symptoms. Steps should be taken to improve the accessibility and affordability of the services.

Keywords: Community, Demographic survey, Health care seeking, Inhibition, Prevalence.


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Conflict of interest: None

INTRODUCTION

With prolonged human life, reduced mortality and fertility rates, ageing has become a global phenomenon in the 21st century.1 In India, the government concern for the elderly began with India’s participation in the World Assembly Conference in Vienna in 1982, where India adopted the United Nations International Plan of Action on Ageing. This plan focused on the government’s role in adopting programs for the care and protection of the elderly, synchronizing these with the changing socioeconomic conditions of the society. Then the government began to recognize the aged as a social category in need of specialized attention.2-3 As of 2011 census, the population of elderly people above age 60 is 103.8 million, which was 77 million in 2001. The population aged 60 plus in India as per the 1991 census was 56.7 million, and was 26 million in 1961. The proportion of the elderly has been going up steadily in each census, though at varying rates.

Changing scenario and value system in a country famous for taking care of its old have made the elderly population more vulnerable.4-5 The World Health Organization Country Report by Help Age, 2002 gives alarming facts and figures about elder abuse in India.6

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The proportion of elderly women is growing in our country, causing more burdens on health care delivery. According to Census 2011, total number of women aged 50 years and above in India is 95,693,199. Sociological literature search indicates that the elderly males have better health than the elderly females. There is a strong evidence of gender differentiation in both health status and use of health services (World Bank Report 1994). A qualitative data highlighted that a majority of the elderly females suffer from urogenital complaints, such as urinary incontinence, dysuria, recurrent urinary tract infection, incontinence of urine, prolapse, vaginal discomfort, and dyspareunia, which is common in premenopausal women. These are usually treatable conditions that warrant medical evaluation. It has been observed that women did not complain of any medical problem until it starts interfering with their activities of daily living. Their conditions are mainly influenced by various factors like marital status, financial wellbeing, health status, and family size and structure as well as the cultural traditions. The reason for poor reporting of these problems needed to be explored, documented, and addressed.

OBJECTIVES

The survey aimed at documenting the health care-seeking behavior of elderly women for urogenital symptoms through community survey, to identify the elderly women with urogenital symptoms and improve their health care-seeking behavior by using information education and communication (IEC) and behavior change communication (BCC) strategy. It further aimed at documenting the preference of health care systems like Ayurveda, Unani, Allopathy, or local health traditions among elderly women for urogenital symptoms.

MATERIALS AND METHODS

Study Population

The women interviewed for the present survey were selected from statistically selected representative sample colonies of Delhi. As the present study aimed at the female population of middle and lower middle income group, the list of the colonies of this group was taken from the Website of Municipal Corporation of Delhi (MCD). As per this list of MCD, the colonies were categorized from “A” to “H” based on the property taxation law. According to this, the colonies categorized as E, F, G, and H in the list having the middle and lower middle income group were taken for sampling.

Sampling Method

Stratified random sampling technique was applied for selection of 5 out of the 12 MCD zones of Delhi. The zones were selected according to their size by using probability proportional to size sampling. These selected five zones formed the strata. As the present study aimed at the female population of middle and lower middle income group, the colonies categorized as E, F, G, and H in the MCD list were segregated. Then an equal number of 20 colonies from this list were selected by simple random sampling from each of the five zones. From these 100 colonies, a total of 800 women aged 50 years and above were identified through snowball sampling technique as there was lack of a structured sampling frame of household within these colonies.

Sample Size

The total female population aged 50 years or above in Delhi was approximately 680,000 (Census of 2001 – Delhi Statistical Handbook), at the time of submission of application for grant. Since we had covered only the middle and lower middle income group (4 out of 8 residential categories of MCD), we assumed that this group constituted 50% of the total population. Therefore, covering the total female population of approximately 340,000 aged 50 years or above with a 95% confidence level and 5% margin of error, the total of approximately 400 females were required but a total of 800 women were surveyed.

Study Procedure

Door-to-door survey through interviewer administered questionnaire of eligible women was conducted in the selected study areas after obtaining informed consent of the respondent. The field survey was carried out by the field investigators trained for this project and the entire activity was monitored by the investigators regularly. Efforts were made to improve the health care-seeking behavior of the elderly women identified with urogenital symptoms by using IEC and BCC strategy. The IEC handouts containing brief information and dos and don’ts of urogenital problems and list of hospitals was provided. Help of local and state government was taken for identification of households and conduct of survey.

Statistical Tools and Analysis

Electronic format in MS-Excel was developed to record the data from hard copy of the questionnaire. The format was designed by using data validation checks for precise entry. The data were being entered simultaneously in the e-format from the questionnaire and were cross-checked by the investigators on daily basis. The data generated through the survey were quantified and analyzed by using Statistical Package for the Social Sciences. The data for all the quantifiable variables of the questionnaire have been reported as n (%).
RESULTS

Door-to-door survey of the respondents under this study revealed that out of 824 women interviewed, 533 (64.7%) were between 50 and 60 years of age. Maximum numbers of respondents were Hindus (83%). A noteworthy point in Table 1 is that a huge number of respondents, 590 (71.6%) out of 824 interviewed, were not able to read and write. Majority of the respondents, 692 (84.0%) women, were housewives and therefore, most of them (82.8%) were fully dependent on others for their financial needs. Out of 824 women, 813 (99.8%) were married but it has also been noticed that 40.9% were widows (Table 2).

Only 38 (4.6%) of the respondents belonged to urban area as compared with 785 (95.4%) belonging to semiurban and rural areas (Table 3).

The results of the survey revealed that 479 (58.1%) women out of 824 interviewed were suffering from urogenital problems (Graph 1).

Women were interviewed regarding the presence of some common urogenital symptoms (Graph 2). The results of the interview indicated that out of 479 women suffering from urogenital problems, majority of them were suffering from incontinence of urine [211 (44.1%)], followed by frequent urination [205 (42.8%)], which was further followed by burning during urination [174 (36.35)].

It was observed that out of 479 women suffering from urogenital problems, 271 (56.6%) did not report it to family members. Moreover, 262 (54.8%) women even did not seek any medical care for them (Graph 3).

The main reason for not even discussing about urogenital problem with the family members was again due to inhibition (62.9%), which was also the main reason for not reporting to doctor (49.8%). This observation ascertains the fact that low literacy rate, joint family,
socioeconomic background are the main reasons that women are conservative in discussing about urogenital problems with doctors as well as with family members (Graph 4).

**DISCUSSION**

It is evident from the survey that nearly 50% of elderly women belonging to middle and lower socioeconomic group suffered from urogenital problems. More than 50% of the sufferers did not share their health problems even with their close family members. They also did not seek treatment from the doctors for urogenital problems. Survey had explored the need for intervention in terms of awareness program, screening, and treatment facilities in such colonies. It was found that around 70% of
the respondents in the age group of 50 years and above were illiterate. Therefore, awareness generation plays an important role in utilization of the available services by elderly women. Timely screening and treatment not only will give relief but also prevent consequences.

**CONCLUSION**

There should be component of premenopausal women in the government program, such as Reproductive and Child Health Program, Geriatric health Program, and AYUSH mission. The programs should focus on improving health care-seeking behavior of elderly woman for urogenital problems; screening and treatment facility should also be made available, affordable, and reachable. The IEC and BCC strategies should be planned in the lower socioeconomic group areas so that women can overcome their inhibitions and seek treatment for urogenital problems.

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सारांश
वृद्ध महिलाओं में मूर्तजनांग संबंधी लक्षणों हेतु स्वास्थ्य सेवा संबंधी व्यवहार पर एक क्रॉस सेक्शनल समुदाय अध्ययन

'सुलोचना भट्ट, शब्दिया यादव, अभिनंदन सिंहगत, एम श्रीकांत, एम एम पादी
'शेष सिंह, बसबास शेख बीमान

पृष्ठभंडारी: भारत का सामाजिक सांख्यिकी स्वास्थ्य विषय के साथ ही स्वास्थ्य सेवाओं के उपयोग में रिमिट भर्ती को इंकट करता है। यह देखा गया है कि महिलाएं किसी भी शिक्षित समस्या की शिक्षा का कारण तक तक नहीं करती है, जब तक कि समस्या उनके वैज्ञानिक जीवन की परिस्थितियों में हस्तक्षेप न करे। यह समूह बुजुर्ग महिलाओं के द्वारा मूर्तजनांग संबंधी लक्षणों के लिए उपचार न लेने अथवा अपने परिधियों को भी न बताने के कारणों का पता लगाने के लिए किया गया था। यह समूह महिला निम्न सामाजिक एवं आधिक समूह के क्षेत्रों में किया गया था।

वर्तमान अध्ययन का उद्देश्य बुजुर्ग महिलाओं में मूर्तजनांग संबंधी लक्षणों के लिए स्वास्थ्य सेवाओं के उपयोग की जानकारी लेने के लिए अपना सूचना, सिद्धांत एवं संचार (आईसीए तथा व्यवहार विभाग संचार की (आईसीए) नीतियों का उपयोग करके अपने स्वास्थ्य की देखभाल के बारे में सूची करना है।

संक्षेप: इस सारांश के लिए इन्टरव्यू एवं सुनने संपर्क विषय के द्वारा तिल्ली के द्वारा तिल्ली के 12 नगर नियोक्त क्षेत्रों में से 5 क्षेत्रों को चुना गया। क्षेत्रों का चयन उनके आवास के आवास के पी.एच.एस. संस्थान के तकनीकी द्वारा किया गया। इन क्षेत्रों में से कार्यक्रमों का चयन करने के लिए कार्यक्रमों की सुविधा तिल्ली के द्वारा नियोक्त करने की वैश्विक देखभाल से ही गयी थी। चिकित्सा तिल्ली क्षेत्रों में से प्रत्येक क्षेत्र में से 20 कार्यक्रमों को सिपस्ल मूर्तजनांग संचार सुनने चुना गया। उसके उपरांत इन 100 कार्यक्रमों में से 50 और उससे अधिक उस के 824 महिलाओं को स्वास्थ्य संचार के द्वारा चिन्हित करके उनसे साझेदारी किया गया।

परिणाम: डिल्ली निम्न सामाजिक एवं आधिक क्षेत्रों में से साधारण रूप से सुनने गयी 50 और उससे अधिक उस के 824 महिलाओं के साधारण से यह ज्ञात होता है कि इन निम्न के 479 (58.1%) महिलाओं मूर्तजनांग संबंधी रोगों से प्रतिकृत है। इन 479 महिलाओं में 71 (58.9%) महिलाओं इन रोगों के बाद में अपने परिचार के सदस्यों को नहीं बताती हैं और 298 (54.8%) महिलाएं शिक्षित वर्ग भी नहीं लेती है।

निष्पटान: इस सारांश के परिणामों से यह ज्ञात होता है कि निम्न वर्ग के अधिकारी बुजुर्ग महिलाएं मूर्तजनांग संबंधी समस्याओं के विषय में न तो अपने परिचार के सदस्यों को बताती हैं और न ही विनिमय परिचार के सदस्यों को बताती है। अधिकांश महिलाएं स्वास्थ्य की वाहन से ऐसे नहीं करती हैं। इसलिए महिलाओं को इस बारे में जानकार बनाने के लिए निर्देशित किया जाना जरूरी है कि मूर्तजनांग संबंधी संस्थाओं के लिए प्रभावशाली शिक्षित उपचार है। महिलाओं को आवश्यक कराना जारी कि व्यक्तिगत स्वास्थ्य बनाए रखने से मूर्तजनांग संबंधी समस्याओं से बचना जा रहा है। इसलिए बुजुर्ग, शिक्षा और संचार (आईसीए) एवं व्यवहार परिधान संचार (आईसीए) नीतियों को निम्न सामाजिक आधिक क्षेत्रों में कार्यान्वित करना चाहिए।