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 and were interviewed with the help of an interviewer administered questionnaire.

Results: Analysis of responses of representative sample of 824 women aged 50 and above in statistically selected low socioeconomic 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.


Source of support: Department of Science and Technology, Government of India

Conflict of interest: None

INTRODUCTION

With prolonged human life, reduced mortality and fertility rates, ageing has become a global phenomenon in the 21st century. 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. 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. The World Health Organization Country Report by Help Age, 2002 gives alarming facts and figures about elder abuse in India.
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 symptoms, 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 was 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 (36.3%)].

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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1. Introduction

Budh mahilaon me rujinaanand sahjanchi lakshanon keetu swasthya seva swasthi vyavahar par ek krosh sevakalan samvadya agadbhirta adhyayan

'Sudharma bhad, badi kali dadh, bhadsha sikh, 'etan shrikaanta, 'etan pani phal

Buddha, Badi, Badsha, 'etan Shrikaanta, 'etan Pani Phal

Purushottam: Bharat ka samajik sahish swasthi vyavahar vichar para saha swasthi sevao ke upyog mein siraj medhayak ko bhasmati karra hai. Yeh dheya garra hai ke mahilaon ekta bhiksh uttaman swasthi vibhav ka shikshak tak taka nahi karra hai, jab tak ke samastha unkon bhaich thiyan ka ghatavividhi mai halskoyn n karre. Yeh sanvishon budh utara mahilaon ke dhara rujinaanand sahjanchi lakshanon ke liye upchar n lene ke abad ke abhyas ke bhokhat n batne ke karbh do ke patra lagane ke liye kaya garra tha. Yeh sanvishon dhisti ke mih samajik ek aadhyacik samvad ke ksharo mein kaya garra tha.

Vesha: Adhyayan ke vesha budh utara mahilaon me rujinaanand sahjanchi lakshanon ke liye swasthi sevao ke upyog ke jaankaari lene ke liye abadya sudhanya, vidhaa or sansaar (aaig-9i) or vyavahar parikaran sanchar ke (bheedi) neetian ke upyog karreke apne swasthi ke dhekhsal ke vyavahar mein suchar karra hai.

Sahyan or vikar: Iss sanvishon ke liye ten-peechohadi raksam samvadidan vibhikh ke dhara dhisti ke 12 nagar nirman ksharo mein se 5 ksharo ko puna garra. Ksharo ke charan unkon abhak ke abhak per pee-pee.pais samvadidan taknaik warma kaya garra. Yeh ksharo mein se karbhion ke charan karre ke liye karbhion ke suhuti dhisti laga nirman ke kshevahaidh se loon ghar thi. Chharmat 5 ksharo mein se prakar ksharo mein se 20 karbhion ko samvadidan samvadidan dhara puna garra. Utsarke upyarnte yeh 100 karbhion mein se 50 or uskah or akshat unn se 824 mahilaon ko srotoob samvadidan dhara warma karne ke liye sanvishon karra garra.

Parishyaya: Dhisti ke mih samajik or akshat ksharo mein se sahajik rup se bhuuni seeti 50 or ussake akshat unn se 824 mahilaon ke samvadikan se yeh dhara hota hai ke 824 ne se 479 (58.1%) mahilaon, rujinaanand sahjanchi rogyo se pratisht hota hai. Yeh 479 mahilaon ne se 271 (56.8%) mahilaon, yeh rogyo se barte ne se apne parirn ke sadhanyo ko nahi bhatari hai or 262 (54.8%) mahilaon, bhiksh uttaman parishyay hoti nahi lete hai.

Nishkarsh: Iss sanvishon ke parishyana se yeh dhara hota hai ke mih mard ko akalbhikas budh utara mahilaon, rujinaanand sahjanchi samvadiske samvadiske se vibhav ne n to apne parirn ke sadhanyo ko bahatari hai or n hie vibhav bhiksh uttaman lete hai. Akalbhik mahilaon, sadhanyo ke vadh se sawa nahi karra hai. Issledek mahilaon ko ish vyavahar janaa karne anantaaya hai ke rujinaanand sahjanchi sadhanyo ke liye pramanabhi bhiksh uttaman unarme karra. Mahilaon ko abadat karne jaay ke bhiksh uttaman vyavahar vadh ke rjarke se rujinaanand sahjanchi samvadiske se bhav jaa lekha hai. Isledek sudhanya, bhiksh oder sansaar (aaig-9i) or vyavahar parikaran sanchar ke (bheedi) neetian ke mih samajik akshat ksharo mein karbh imported karne bhatre.