

## Health Seeking Behaviour of Women with Menopausal Symptoms in Tampin, Negeri Sembilan, Malaysia

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### ABSTRACT

**Background and Aims:** The mean age of the menopause studied in Malaysia was 50.7 years. There are a lot of women suffering from menopausal symptoms and it is important to every woman to be conscious about the consequences of menopause. This study aimed to determine the prevalence the menopausal symptoms, health-seeking behavior of women with menopausal symptoms and the factors influencing the health-seeking behaviors to enhance quality of life. **Materials and methods:** It was a cross-sectional descriptive analysis conducted among perimenopause and post-menopausal women living in Tampin, Malaysia from February 2020 to July 2020 by using questionnaire which includes Part A of sociodemographic data, Part B of Menopause Rating Scale and Part C of Health-Seeking Behavior and treatment options. **Results:** Among 203 recruitments, perimenopause and postmenopausal women are 45.8% and 54.2% respectively. There are Malays (34.5%), Indians (34.0%), and Chinese (31.5%). Perimenopause women experience severe hot flushes and sweating (65.6%) while postmenopausal women experience severe heart discomfort (50.0%). The study shows 58.6% of them are seeking medical advice while 41.4% do not seek any medical advice for their menopausal symptoms. They consulted mostly from general practitioners (28.6%), secondly from traditional leader (23.5%) and thirdly from pharmacist (19.3%). There is a significant association found between health-seeking behavior with education level, occupation, and household income. **Conclusion:** Overall low education, household income, and occupation were found to impact on their health-seeking behavior. Improved awareness and better access to health services can improve health-seeking behavior.

### Keywords

Menopause, Menopausal Symptoms, Health Seeking Behavior.

### Introduction

In accordance with World Health Organization (WHO) Scientific Committee (1980), menopause is defined as the permanent cessation of menstruation resulting from loss of ovarian follicular activity. The climacteric is the perimenopause period, closely prior to menopause, and it is the time to initiate somatic and psychological symptoms as the result of changes in the endocrine system. It is required to have 12 consecutive months of amenorrhea to establish natural menopause provided with there is no other cause exists physiologically or pathologically to explain this absence of menstruation. The period after the menopause is known as post-menopause.

Menopause rates for mean age vary from 45 to 55 years over the world. Women in Western countries have a greater menopausal age than women from some other regions. (ShantaGyawali, Shankar NandSubedi, NawaziaYasmin, 2016). Age of menopause is variable among individuals as early as 40 years to late 55 years. Generally, the average age of menopause is 51 years and the median age is 50.7 years for Malaysians. (Ismael, 1994).The median age at menopause ranges from 50.1 to 52.8 years in Europe, from 50.5 to 51.4 years in North America, from 43.8 to 53

years in Latin America, and from 42.1 to 49.5 years in Asia (S. Palacios, V. W. Henderson, N. Siseles, D. Tan and P. Villaseca, 2010)

Gradual decline of estrogen eventually generates numerous symptoms in menopausal women which can be serious enough to impair their usual routine life (Rahman, et al., 2011). Regrettably, several of those women are ignorant of the transition affected by menopause. It encompasses symptoms of vasomotor such as hot flushes and night sweats, psychological symptoms like mood swings, anxiety, depression, even there is musculoskeletal aches along with bone and joint pain and osteoporosis. In addition, there are also issues with sleeping and urogenital symptoms like vaginal dryness, dyspareunia, urinary frequency and urgency.

Intervention of this transitional period is now becoming more essential than ever before. Multiple recovery interventions for postmenopausal symptoms are needed to relieve the effects and enhance the efficiency of life during the menopause process. Hormone replacement Therapy (HRT) and alternative to HRT are commonly used to combat the menopausal symptoms. Menopause gives women an opportunity to assess their wellness. Appropriate lifestyle modification and intervention can help their wellbeing.

While most of the women are seeking medical advice for menopausal symptoms, some women do not seek advice. It might be due to cultural and social difference, lack of knowledge and understanding for consequences and they accept this is common situation after menopause. For many women, the beginning of menopause is stressful as they are unfamiliar with symptoms or unable to control it. It is important to improve women's health education towards menopausal symptoms before the climacteric period and how to manage it. If they are well educated and adequately counseled, their risk factors and consequences can be handled to some extent and be prevented.

Therefore, this research is to identify the prevalence of menopausal symptoms, health-seeking behavior of women and their treatment options. It is believed that through this study, we can learn how to support the women living in our community in term of health education, knowledge about health care facilities and the available medical care for their menopausal symptoms.

## METHODS AND MATERIALS

A cross-sectional descriptive analysis conducted among perimenopause and post-menopausal women living in Tampin, Negeri Sembilan, Malaysia from February 2020 to July 2020. Inclusion Criteria consist of perimenopause women (over 45 years) and postmenopausal women. Exclusion criteria include women who were menopause due to hysterectomy, women with malignancy, women with other severe medical illness and women who were not willing to participate in the study.

For sample size calculation, the approximate value of menopausal symptoms in perimenopausal and post-menopausal women population (p) of 84 percent was used according to the study by (Sh et al., 2006) in Malaysia. By taking confidence limit 5% and 95% confidence level, using OpenEpi software, Version 3 which resulted the sample size of 203.

There are three sections in the questionnaire. The first section is for the demographic background of respondents, the second section is validated menopause rating scale (MRS) and the last section is for health seeking behaviour of respondents. Please refer questionnaire in Appendix.

The data obtained was compiled, tabulated and statistically analysed using SPSS version 23. The validity and accuracy of the data was checked. Descriptive analysis was used to analyse for

quantitative data and qualitative data. Chi square test was used to observe the differences between proportions. P value of less than 0.05 will be considered to indicate statistical significance.

## RESULT

Two-hundred and three women participated in this study. 108 out of 203 (53.2%) were in the age group of 45-49. The mean age of respondents in this study was  $51.75 \pm 6.91$ (SD) years. Among these women, 93 (45.8%) are perimenopause women and 110 (54.2%) are postmenopausal women. In this study, Malay 70 (34.5%), Indian 69 (34.0%) and Chinese 64 (31.5%) were involved. Regarding the education level of respondents, 77 (37.9 %) completed the secondary education, followed by primary education (21.2%), tertiary education (15.8%) and illiterate (15.3%). Majority of women, 109 out of 203 (53.7%) are working in different sectors meanwhile 86 (42.4 %) are housewives and 8 women (3.9%) are retired. For their marital status, 116 (57.1%) are married which is the most category in this study and 6 women (3.0%) are separated. Although their income is ranging, most of women earn between RM 2000-RM 2999 which is 58 out of 203 (32.0%) in this study. Table 1 shows the socio demographic details of the respondents

Table 2 shows the age of onset of menopause from 110 menopausal women recruited in this study. Total 42 women (38.2%) menopausal at below the age of 45, 67 women (60.9%) menopausal between 45-55 years of age and only one (0.9%) menopausal at 55 years.

Women in perimenopause group experience one or more menopausal symptoms. 90 out of 93 women (97%) suffer hot flushes, sweating and heart discomfort. According to data, 61 women (30%) are categorized their hot flushes symptom as severe in nature and 60 women (29.4%) also stated their heart discomfort as severe (Table 3). Hot flushes and heart discomfort symptoms are the most experiencing problem for perimenopause group. Among different menopausal symptoms, sexual problem is the least experiencing one. Even though, 51 out of 93 (55%) are having sexual problem but they recognized as mild form.

Graph 1 shows the prevalence and severity of menopausal symptoms in perimenopause women. The most reported symptoms are hot flushes (65.6%) followed by heart discomfort (64.5%) and sleep problems (47.3%). The prevalence and severity of menopausal symptoms in postmenopausal women which reported heart discomfort (50.0%) as severe intensity (Graph 2).

The prevalence and severity of menopausal symptoms in perimenopause and postmenopausal women. Combination of both menopausal symptoms in perimenopause and postmenopausal women revealed that about 56.7% of them experience severe intensity of heart discomfort, followed by 52.2% of them experience hot flushes, 40.4% of them experience sleep problem while about 56.2% of them did not experience sexual problems (Graph 3).

In this study, 119 out of 203 respondents (58.6%) are seeking medical advice for their menopausal symptoms while the rest of women i.e. 84 (41.4%) do not seek any medical advice (Table 6). Women consulted from different sources and mostly from general practitioners (28.6%) followed by traditional leaders (23.5%). Although not all women are seeking medical advice, all of them are using some form of remedy to relieve symptoms during these perimenopause and postmenopausal period. The majority of women, 81 out of 203 (39.9%) prefer traditional herbal supplements as their choice followed by 79 out of 203 (38.9%) practicing life-style modifications such as exercise, changes in diet or relaxation (Table 3).

There is a significant association between the socio-demographic factors (education level, household income, occupation) and health-seeking behavior in this study. However, there is no significant association between health-seeking behavior and age, race and marital status.

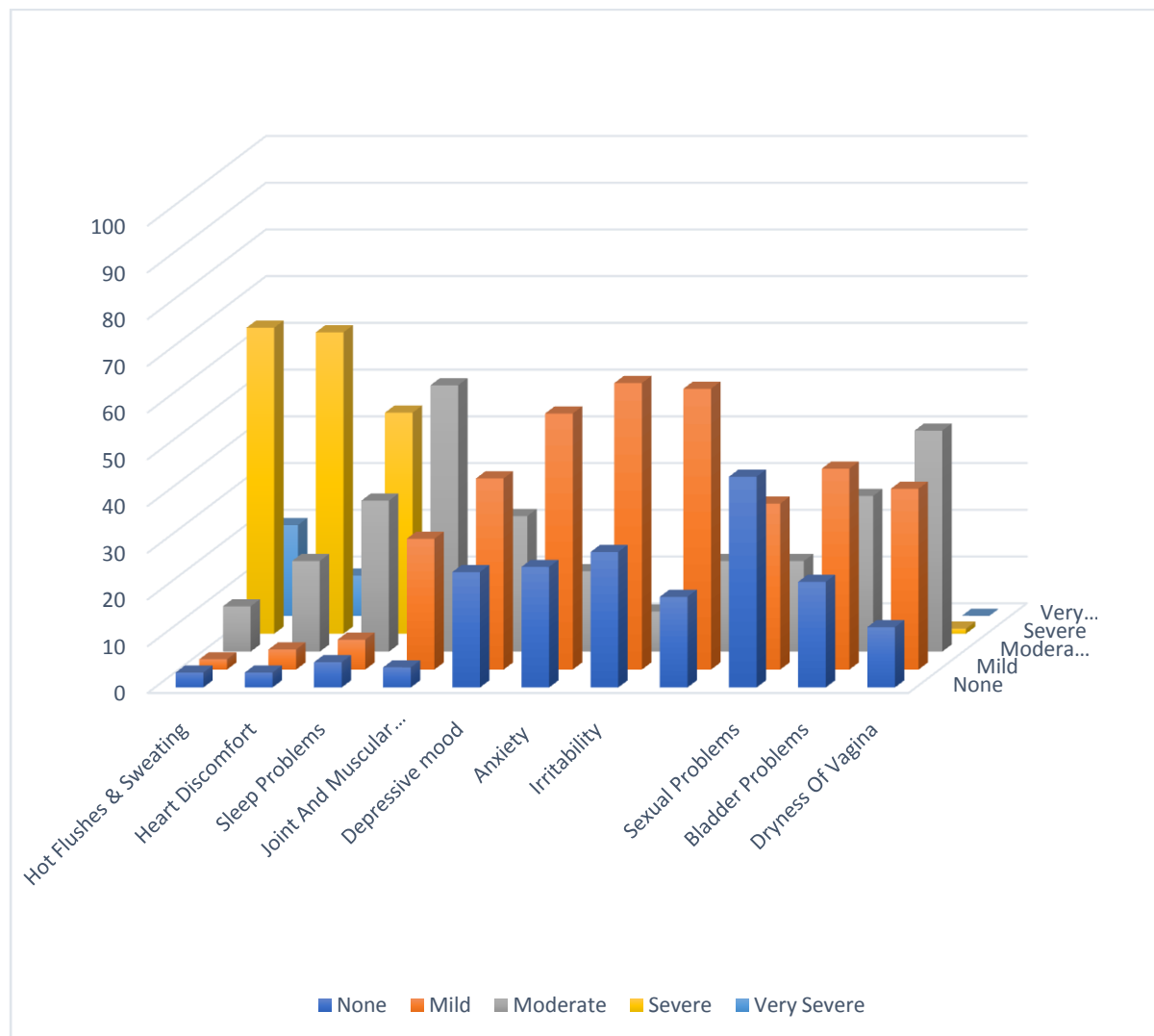
**Table 1: Socio-demographic characteristics of the respondents (n=203)**

Characteristics	Frequency	Percent (%)
<b>Age groups (years)</b>		
45-49	108	53.2
50-54	32	15.8
55-59	31	15.3
60-64	15	7.3
65-69	11	5.4
70 and above	6	3
<b>Race</b>		
Malay	70	34.5
Chinese	64	31.5
Indian	69	34.0
<b>Educational Level</b>		
Illiterate	31	15.3
Primary education	43	21.2
Secondary education	77	37.9
Tertiary education	32	15.8
Certificate/ occupational Skills	20	9.8
<b>Occupation</b>		
Government/ Semi government	19	9.4
Private employee	25	12.3
Self-employed	65	32.0
House Wife	86	42.4
Retired	8	3.9
<b>Marital Status</b>		
Single	11	5.4
Married	116	57.1
Widowed	62	30.6
Divorced	8	3.9
Separated	6	3.0
<b>Household Income</b>		
Less than RM400	26	12.8
RM400 - RM 699	5	2.5
RM 700 - RM 999	20	9.8
RM1000 - RM 1999	58	28.6
RM2000 - RM 2999	65	32.0
RM3000 and above	29	14.3

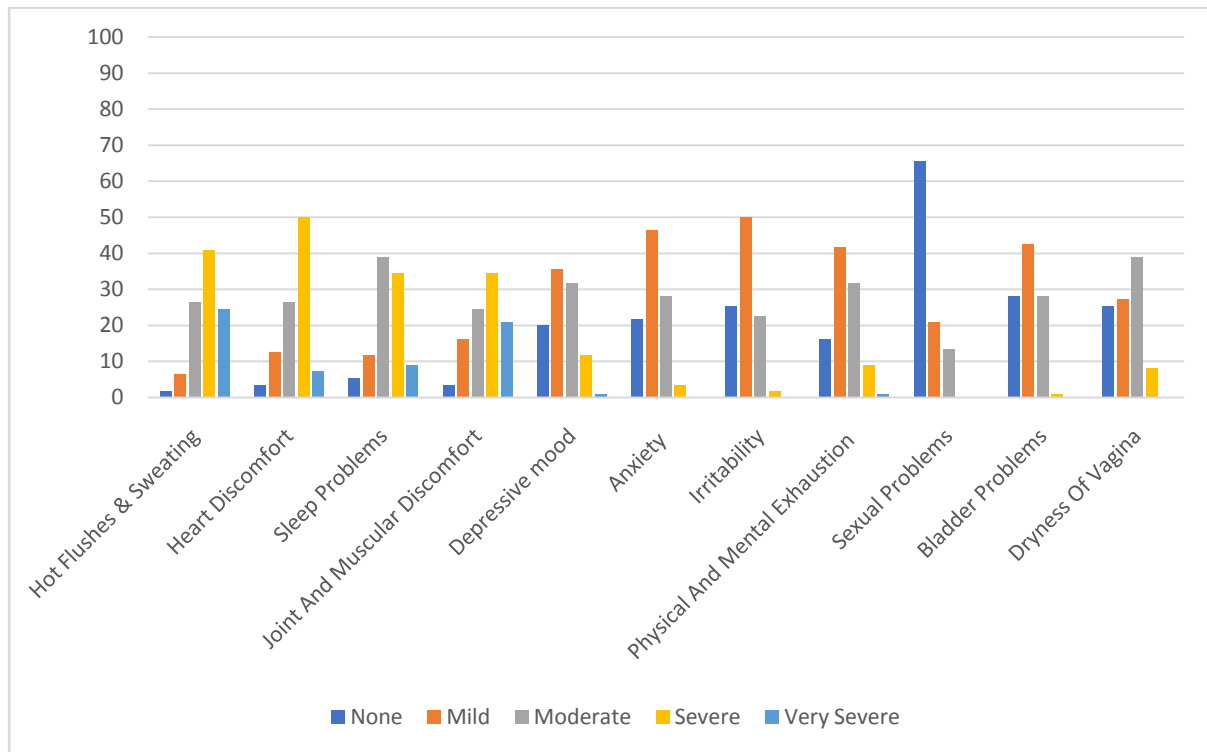
**Table 2: Onset of Menopause (n=110)**

Characteristics	Frequency	Percent (%)
<b>Menopause Start Age</b>		
≤ 45	42	38.2
46-55	67	60.9
>55	1	0.9

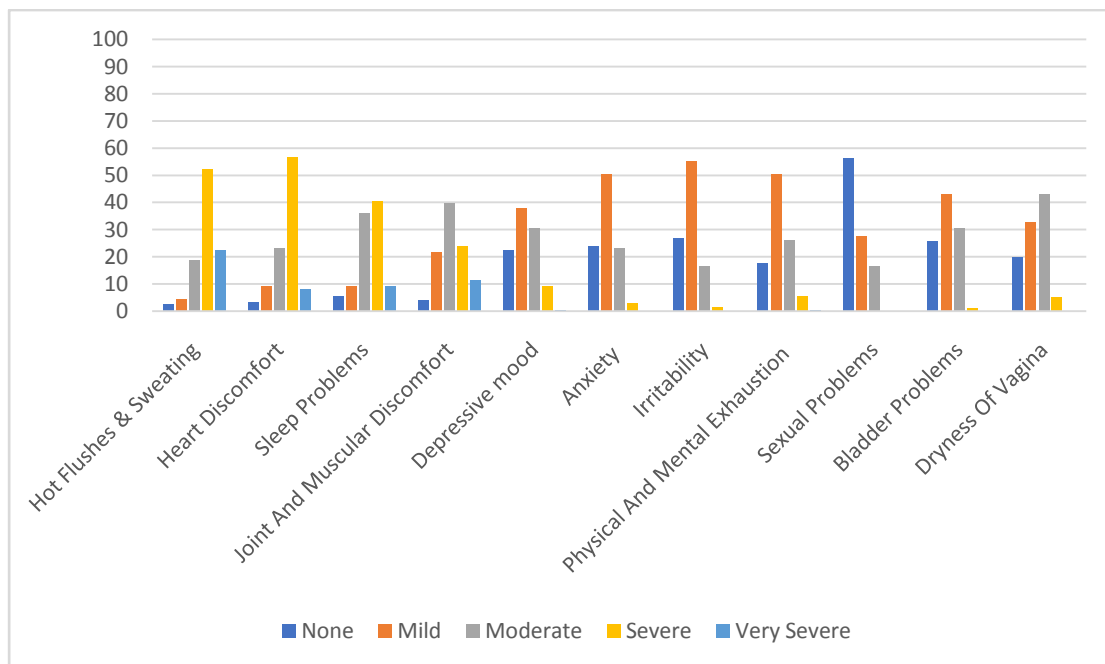
**Graph 1: Prevalence and Severity of Menopausal Symptoms in Perimenopause Women (n=93)**



**Graph 2: Prevalence and Severity of Menopausal Symptoms in Postmenopausal Women (n=110)**



**Graph 3: Prevalence and Severity of Menopausal Symptoms in Perimenopause Women and Postmenopausal Women**



**Table 3: Health-seeking Behavior of Menopausal Women**

	Frequency	Percent (%)
<b>Health-seeking Behavior (n=203)</b>		
Seek consultation	119	58.6
Do not seek any consultation	84	41.4
<b>Source of Advice (n=119)</b>		
From general practitioners	34	28.6
From specialists doctor	9	7.6
From pharmacist	23	19.3
From traditional leaders	28	23.5
From relatives / friends	19	16.0
From media	6	5.0
<b>Type of treatment (n=203)</b>		
Hormone Replacement Therapy	22	10.8
Alternatives to Hormone Replacement Therapy	21	10.3
Traditional herbal supplements	81	39.9
Life-style modifications such as exercise, changes in diet, relaxation	79	38.9

## DISCUSSION

The mean age at menopause differs from country to country. The mean age of menopause in this study was  $48.25 \pm 4.33$ (SD) years. This is slightly lower than studies done in Peninsular Malaysia which reported mean age of menopause 50.7 years (Ismael.N,1994) and also the study done in Klang Valley, Malaysia reported the mean age of menopause  $49.9 \pm 4.27$  (SD) years old (Abdullah et al., 2016.)

The mean age at menopause in the study which has been done in Kuching, Sarawak, Malaysia is  $51.28 \pm 2.28$  years and higher than our finding. (Alwi Syed Abdul Rahman, et al., 2010) However, the study done by (Sh et al., 2006) the mean value for age of menopause shows that 47.96 years among subjects who visited Greentown clinic, which is lower than our finding.

In this study, vasomotor symptom was major problem experienced by perimenopause women which is severe hot flushes and sweating (65.5%). The result was in contrast with research finding in Kuching, Sarawak, Malaysia (Alwi Syed Abdul Rahman et al., 2010) where 37.5 % of perimenopause women experience hot flushes and sweating. This finding is comparable with the studies carried out by (Punia, Lekha, &Punia, 2017)(India), (Marahatta&Marahatta, 2012)(Nepal), (Rahman, Salehin, &Iqbal, 2011)(Bangladesh) in which the prevalence of hot flushes was found to be 54.5%, 42.37%, 37.5% respectively in perimenopause women. Perimenopause women experience severe heart discomfort (64.5%), sleep problem (47.3%) and joint and muscular discomfort (10.7%). About 45.1 % of perimenopause women in this study revealed that they do not experience sexual problem. In contrast, with studies done Alwi Syed

Abdul Rahman et al, 2010 (Sarawak, Malaysia) in which the prevalence of heart discomfort, sleep problems and joint and muscle discomfort found to be 28.4%, 66.7%, 91.4% respectively. Based on this study, symptoms of heart discomfort (50.0%), hot flushes (40.9%), sleep problems (34.5%) and joint and muscular discomfort (34.5%) were experienced by postmenopausal women and they graded at severe intensity. However, about 65.5% of women did not experience sexual problem. This result contradicted the study in Selangor, Malaysia (Abdullah et al., 2016) in which, according to the severity category, only 3.5% of postmenopausal women experienced severely heart discomfort, followed by hot flushes (9.3%), sleep problems (6.6%) and joint and muscular discomfort (12.4%). About 65.9 % of postmenopausal women do not experience sexual problems and this data was similar to our study.

In our study, 58.6% respondents were seeking medical advice for menopausal symptoms while 41.4% do not seek any medical advice. They consulted from different sources and mostly from general practitioners (28.6%), secondly from a traditional leader (23.5%) and thirdly from a pharmacist (19.3%). Same studies conducted in Hyderabad (Apoorva & Thomas, 2018) in urban women, 14.7% did not seek health care, 42% of the women approached private practitioner followed by 23% who sought health care in government hospital. In the US population, large proportions (60%) of women are actively seeking health care and treatment of menopausal symptoms. (Williams et al., 2007). A study in Nigeria, most of the patients (51.4%) consulted patent drug dealers followed by consultation with health workers (44.7%). It was only a small percentage (3.8%) of them that consulted the traditional healers (Dienye, Judah, & Ndukwu, 2013).

Regarding the treatment option, in our study, the majority (39.9%) prefer traditional herbal supplements as their choice. Similarly, The Asian Menopause Survey reported that many women (37%) used natural or herbal treatment. (Huang, Xu, I, & Jaisamrarn, 2010). In this study, about 10.8% of women prefer to use Hormone Replacement Therapy (HRT). Similarly, in a study which was done by Jahanfar et al, 2006 in Malaysia, reported that 11.4% of the postmenopausal women had taken hormonal replacement therapy.

A study in Gujarat by Vaghela k et al, 2012 demonstrated that education level improves the possibility of seeking treatment by women suffering from menopausal troubles. (Vaghelaakishor, Bhalaniikailesh, & Associate professor, 2012.) Similarly Income and socioeconomic factors including job have impact on menopause and health seeking behavior. (Avis & McKinlay, 1991.) According to the finding in Klang Valley state that there was no significant association between treatment seeking behaviour and race, age, parity, marital status and occupational status. (Abdullah et al., 2016). This is similar to the results of our study.

## CONCLUSION

Menopausal problem in developing countries are overlooked. Many of the respondents have at least one of the menopausal symptom. In this study, the most common problem is somatic symptom. Perimenopause women experience hot flushes and sweating mostly which is followed by heart discomfort, while postmenopausal women experience heart discomfort most. Majority of women are seeking advice from general practitioners and followed by traditional leaders. Many women are taking traditional herbal supplements and life style modification mainly as their treatment of choice while few women are taking hormone replacement therapy. Although, almost all of the women have menopausal symptoms, not all the women are seeking medical advice. Low education and house-hold income are found to have negative impact on their health-seeking behaviour. Health education initiatives and accessibility to health services are vital to enhance

health- seeking behaviour and to improve awareness of menopausal symptoms. Early identification of issues and motivation to pursue treatment should be centred.

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