



Research Article

Quality of Life of Perimenopausal Women Seeking Health Care for Low Back Pain in Meghalaya - A Qualitative Study

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Abstract

Background: Low back pain (LBP) is an important clinical, social, economic, and public health problem affecting the population. In India, the prevalence of LBP has been found to range from 6.2% to 92% with an increase of prevalence with age and female preponderance. The objective is to understand the quality of life of perimenopausal women seeking health care for LBP. **Methods:** A qualitative research was conducted in a rural setting of West Jaintia Hills District, Meghalaya from January to June 2018 and included perimenopausal women aged 40–50 years who had sought health care for LBP. The participants were selected using purposive sampling. Data were collected from 29 participants using an interview guide. Simultaneously, data collection and the analyzing of data were carried out. After interviewing the participants, the transcripts were prepared and translation was done. The data were read thoroughly to develop codes and categories. The participants were described in terms of sociodemographic details using descriptive statistics. **Results:** Mean age of the participants is 45 years. 38% of the participants did not have any kind of formal education. The results showed that the majority of the participants were daily wage earners and preferred seeking health care from the government facilities. Financial problems and lack of education played an important role in prioritizing work over their health. **Conclusion:** The study showed that perimenopausal women considered work a priority over their health and financial problems play an important role in influencing the kind of work that they do. Educating and creating awareness among the community members are important to reduce the burden of LBP and on ways to prevent and manage it.

Key words: Low back pain, perimenopausal women, quality of life

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Introduction

Low back pain (LBP) is an important clinical, social, economic, and public health problem affecting the population indiscriminately^[1] and is a frequently occurring phenomenon.^[2] LBP is known to have an enormous impact on individuals, families, communities, governments, and

businesses throughout the world.^[3] Out of 291 conditions studied in Global Burden of Disease 2010, LBP was ranked to be the highest in terms of disability and sixth in terms of overall burden and the global point prevalence of LBP was 9.4%.^[4] In India, the prevalence of LBP has been found to range from 6.2% to 92% with an increase of prevalence with age and female preponderance.^[1] LBP largely affects those aged between 45 and 60 and women going through a perimenopausal period are likely to show many symptoms such as LBP.^[5] More than 80% of the women experience physical or psychological symptoms in the years when they approach menopause, with various distress and disturbances in their lives, leading to a decrease in the quality of life.^[2,6]

Since there is little information about LBP in general or in the working population in developing and low-income countries,^[1] it is also important to know about the quality of life of perimenopausal women who seek care for LBP. Majority of the studies focused on the quantitative aspect,

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but very limited studies have done qualitative analysis on the quality of life of perimenopausal women seeking health care for LBP. No study regarding the quality of life of perimenopausal women has been conducted in Meghalaya. The purpose of the study is to understand the quality of life of perimenopausal women, aged between 40 and 50 years, who had sought care for LBP. This study is important to understand the prevalence of LBP, plan for remedial measures and to create awareness regarding LBP.

Methods

A qualitative research study was used to understand the quality of life of perimenopausal women seeking health care for LBP. The study has been carried out at a rural setting of Amlarem block, West Jaintia Hills District, Meghalaya from January to June 2018. The study included perimenopausal women aged 40–50 years who had sought health care for LBP. Out of 98 villages, the participants were selected from 10 villages using purposive sampling technique. The study participants were located with the help of the Accredited Social Health Activists (ASHAs). Data were collected from 29 participants. Collection of data was stopped on attaining saturation of data. For the purpose of data collection, an interview guide was developed with expert opinions and by referring to previous literature. The semi-structured interview guide included details on sociodemographic information and nine domains focusing on understanding the quality of life of perimenopausal women. The domains included the duration of LBP, health-seeking behavior, duration of treatment, social and family related consequences, psychological impact, and economic impact, impact on daily life, diet, and lifestyle practices. The study's purpose has been clearly explained to each participant and written consent was taken before the collection of data. The participants were reassured about the confidentiality of the data. Based on their convenience, home visits were conducted and data were collected. Interviews were conducted in the local language (Pnar). They were explained about the audio recording, which would be used only for research purpose and after 6 months of the study, audio recording shall be destroyed. The duration of the interview ranged from 20 to 30 min and audio recording was done by the principal investigator. Data collection and analysis were carried out simultaneously. After interviewing the participants, the transcripts of voice recorded interviews were prepared and translation was done. The data were read thoroughly to develop codes and categories. The participants' sociodemographic details were described using descriptive statistics. The study protocol was approved by the Institutional Ethics Committee of Manipal Academy of Higher Education (IEC 772/2017).

Results

As shown in Table 1, the majority (62%) of the participants belonged to the age group of 40–45 years, 82% were Christians and majority (86.2%) of the participants were

Table 1: Sociodemographics details of the participants ($n=29$)

Demographic variables	Frequency (%)
Age	
40–45 years	18 (62)
45–50 years	11 (38)
Religion	
Christian	24 (82)
Niamtre	5 (18)
Marital status	
Married	25 (86.2)
Widow	4 (13.8)
Single	0 (0)
Literacy status	
No formal education	11 (38)
Primary	8 (27.6)
Secondary	2 (6.8)
SSLC (10 th standard)	4 (13.8)
HSSLC (12 th standard)	1 (3.5)
Graduate	3 (10.3)
Postgraduate	0 (0)
Occupational status	
Daily wage earner	16 (55.1)
Housewife	7 (24.1)
Lower divisional clerk	1 (3.5)
Staff nurse	1 (3.5)
Teacher	4 (13.8)

n =Total number of participants

married. 38% of the participants did not have any kind of formal education, and the majority (55.1%) of the participants were daily wage earners.

Results on understand the quality of life of perimenopausal women seeking health care for LBP.

Work/occupation

Out of the 29 respondents, 16 of them are daily wage earners. Their work mainly consisted of manual work and physical strain such as sowing and harvesting of crops, cutting, picking and carrying of woods for cooking, and job card work which includes pulling out weed in and around their respective villages, painting the guard walls, cleaning the village, planting of plants in and around the village, and breaking stones into small pieces.

Experiences while seeking health care

Experiences while seeking health care at government facilities

Majority of the respondents preferred going to the government facilities, in that way they feel that they get to save money and use it for other purposes. Some have

mentioned that there were times when medicines were not available at the government facility and were asked to buy the medicines from the private pharmacy. At times, when the doctor was unavailable, they would just explain their problems to the pharmacist, and he/she will prescribe medicines for their problems.

Experiences while seeking health care from traditional healers

Some of the respondents feel that getting treated from the traditional healers gave them quick relief. They feel more comfortable seeking health care from the traditional healer because most of them are from their villages.

Experiences while seeking health care from private practitioners

Few of the respondents who had sought health care from private practitioners have mentioned that they were asked to get X-rayed. The medicines that they get from the private practitioners were helpful in relieving pain, but they have said that since it is expensive and cannot afford it, they stopped going to the doctor.

Financial barriers

Majority of the respondents are daily wage earners. Most of them are not sure of how much they earn per month due to whatever amount they earn they spend it on food, clothing for their children. Most of them work when job card work is available in their villages. They have complained about having to work hard despite feeling the pain. For most of them, work is more important than taking care of their health. One of the respondents has said that *"if I get work, I earn Rs. 300 a day; I do not get to safe and have to buy food with the money that I have earned."*

Effects of LBP

Sleep disturbance

For the majority of the respondents, they have sleep disturbances when LBP is present. One respondent has said, *"I wake up 3–4 times during the night. When pain is there, I have difficulty in moving."*

Few of the respondents have said that they had to change their positions frequently when they have LBP.

Daily living

For some of the respondents, the doctor has asked them to reduce working hard and lifting heavy objects. For three respondents, the doctor has advised them to stop working and to stay home. Another respondent has said that when she gets the pain, she had to stay home and miss work. Her daughter had to do the household work such as cleaning, washing, and cooking. One respondent had said that last week she had to stay home due to the pain and was not able to work. She said *"last week there was job card work for painting the guard walls in my village; I could not work for 3 days because of the pain."*

Mobility

Most of the respondents complained of having difficulties in moving when they have LBP. Few have mentioned that when pain is there, they would just lie down in bed and restrict positioning. Few have mentioned that when the pain is present, they would prefer to just sit still for a while without moving.

Family support

For most of the respondents, their husbands and children are very supportive. The majority have said that their husbands support them financially. They encourage them to see a doctor. Few have mentioned that, when they complain to their husbands, the husbands get worried and would ask them to see a doctor and to take rest until they get better. Some have said that if they are unable to work, their children would do the household chores such as cooking, cleaning, and washing of clothes.

Duration of treatment

The treatment period varies from days to months. For most respondents, after seeing a doctor, they take their medicines, but the moment they feel that the pain is gone, they stop taking the medicines without even completing the course. Most of them do not remember for how long they have taken the medicines. Once the pain subsides they stop taking the medicine. Three of the respondents have said that they have been taking medications for more than a month.

Negligence about health

In spite of having LBP, the majority of the respondents still choose to work. Only when it gets severe, they rest for 2–4 days and then go to the forest for wood cutting/sowing of crops and getting wood to cook. On certain days, when job card work is there, they go work for it. In spite of having LBP, the majority of the respondents still choose to work. One has said *"I am aware of exercises. Even after the doctor advised me to exercise, I do not exercise. I do not have the time to do it."*

Preference of treatment

Most of the respondents preferred to seek treatment at sub-centers and Primary Health Centre (PHCs). One has said *"I am poor so I go to the PHCs for check-up. I only have to pay Rs. 5 for outpatient ticket."* Some have said that they prefer going to the PHC because it is nearer to their house and will not cost them to leave from work. Some prefer to go to traditional healers for massages since there are many of them in their villages and are easily available. If the pain keeps continuing, then they see a private doctor otherwise they would usually go to the government facility for checkup. If no other option is available to them, then they choose to see a private doctor.

Educational status

Out of 29, 11 did not have any kind of formal education, eight completed their schooling up to primary level. One

respondent has said that as it is only LBP, thinks that it will subside soon and that it is something that she does not worry about. The majority think it is a minor problem that keeps on going and coming frequently. Majority of the respondents do not know the cause of having LBP.

Perception regarding the cause of pain

Some said they do not know the cause of pain. Some have said that it is because of fall, few said that it is due to aging, some have said that it is after delivery. One respondent has said that she feels it is because she has been working hard since she was a teenager. One respondent has said, “*I really do not know the cause of the pain, but I think it is because I have been working hard from such an early age.*”

Discussion

The present study showed the quality of life of perimenopausal women, aged 40–50 years, seeking health care for LBP. Studies being conducted showed that the prevalence of LBP has been found to increase with age and to be more common among females.^[1,5] Another study being conducted by Whelan *et al.*, showed in the perimenopausal period, 80% of women in the age range of 45–55 suffer from various symptoms including pain.^[7]

Bindra *et al.*, 2015, stated that the present episode of LBP was found to be associated with the previous history of LBP.^[1] They stated that heavy physical work which includes lifting heavy loads; repetitive job, prolonged static posture, and awkward posture have been found to be some of the risk factors of LBP.^[1,8,9] The present study showed that few of the respondents had a history of fall. The study further showed that majority of the respondents had work which consisted of heavy physical and manual work which included sowing and harvesting of crops, cutting, picking and carrying of woods for cooking, and job card work which includes pulling out weed in and around the village, painting the guard walls, cleaning the village, planting of plants in and around the village, and breaking stones into small pieces. Their work requires them to bend, twist, over-reach, and sit frequently.

The study shows that the majority of the respondents are daily wage earners. They complained of being financially unstable. Majority of the respondents were not aware of the total wage they earn per month because they do not keep track of it. Another study showed that low socioeconomic status has been found to be associated with LBP.^[1]

The present study showed that 11 did not have any kind of formal education, eight completed their schooling up to primary level. Majority of the respondents are not aware of what might be the cause of LBP. Majority of them were not aware of how it started too. Studies showed that poor education was associated with LBP.^[1,3]

According to Kozinoga *et al.*, LBP is the second cause of visiting primary health-care professionals.^[5] Most of the women preferred to seek treatment at sub-centers and

PHCs. Majority of the respondents prefer to seek help from the government facilities because it is free of cost and is more convenient for them.

Regarding the utilization of health services for LBP, according to Bindra *et al.*, the majority preferred traditional treatment over the allopathic system of medicine.^[1] In the present study, the majority preferred going to the government facilities, some preferred to go to traditional healers for massages since there are many of them in their villages and are easily available.

A study conducted by Nayak *et al.*^[10] shows that 44% of the perimenopausal women have difficulty in sleeping. The study shows the majority of the respondents had difficulty in sleeping when LBP was present. The respondents had mentioned that they had to change their sleeping positions frequently.

Sharma *et al.*, (2003), found that 26% of subjects had to change their profession due to LBP.^[11] In the present study, three respondents were advised by the doctors to stop working as daily wage earners and to stay home. For some of the respondents; the doctor has asked them to reduce working hard and lifting heavy objects.

Another study had shown that individuals with good health status and habit of regular physical exercise are less prone to develop LBP as compared to those with poor health status and those not doing any regular physical exercise.^[5] The present study showed that majority of the respondents were aware of exercises, but they said that it is not a priority for them. Some have mentioned that even when the doctors had advised them to exercise, they never followed their advice.

Conclusion

The study showed that the quality of life of perimenopausal women seeking health care for LBP considers work a priority over their health and financial problems play an important role in influencing their work. Educating and creating awareness among the community members is important to reduce the burden of LBP and on ways to prevent and manage it. Further research is required among different blocks of West Jaintia Hills district to get a better understanding of the quality of life of perimenopausal women.

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