

## 10. Reproductive health status of older women

Sri Lanka is currently experiencing the effects of the demographic transition that has been on-going over the past five decades. The proportion of the population under 15 years of age has declined from 68.6 per cent in 1971 to 38.3 percent in 2000 and that of the population aged 60 years and over has increased from 7.5 per cent to 10.7 per cent during the same period. Decline in fertility and mortality rates and increasing life expectancy are the key determinants of this change.

The elderly population has increased not only as a proportion of the total population but also in absolute numbers. The female 'aged' population has increased faster than that of male population over the period of 1993-2000<sup>1</sup>. Reproductive health needs of the older woman is an area of concern in reviewing the RH profile of Sri Lanka.

The routine MCH/FP information system of the Ministry of Health and monitored by the Family Health Bureau at present, do not collect data with special reference to elderly women. The Sri Lanka Demographic and Health Survey 2000 has collected information on fertility, family planning and other selected reproductive health issues. Respondents of the survey was ever-married woman aged 15 –49 years. Hence, the paucity of information on the reproductive health issues of this group and non availability of proper databases by itself is a matter for concern. In such a scenario, it becomes necessary to rely mostly on clinical impressions and experiences.

Traditionally, the group 'elderly' are identified using a cut off point in the age and those aged 60 years or more is a commonly used criterion. However, in discussing the RH issues among older women, it is more appropriate to identify this group, based on the physiological changes related to the reproductive system i.e. in relation to the onset of menopause.

### Demographic profile

As shown in Table 16, the Sri Lanka Demographic and Health Survey 2000, indicate that 33.8% of total female population is above 40 year or over, and 20.6% of female population are 50 years or above<sup>1</sup>.

### Policies and programmes

The National Health Policy Sri Lanka, published by the Ministry of Health in 1992 has recognized the provision of services for elderly as a policy measure<sup>2</sup>. The key policy measures suggested were awareness creation through primary health care system, mobilizing resources, and establishing geriatric services. Action plan of the Sri Lanka Population and Reproductive Health Policy 2000-2010 has recognized the provision of adequate health care and welfare services for elderly as 5<sup>th</sup> goal to be achieved<sup>3</sup>. However no special reference was made for elderly women in these policy statements.

Except for a few awareness programmes, through the production leaflets on menopause, carried out by the Health Education Bureau, Ministry of Health, there are no specific programmes aimed at addressing RH concerns among elderly women.

**Table 16: Percent distribution of women aged 40 and over (N=19017)**

Age group (years)	%Female
40-44	6.6
45-49	6.6
50-54	5.9
55-59	4.0
60-64	3.0
65-96	2.8
70-74	2.2
75-79	1.3
80+	1.4

Source: DHS 2000

### **Reproductive health issues**

Three areas of concern can be identified in the reproductive health issues of older women.

- The problems related to menopause ( linked to oestrogen deficiency )
- Fertility control
- Common diseases of the reproductive organs

### **Problems related to menopause ( linked with oestrogen deficiency )**

With the introduction of the concept of reproductive health focusing on a life cycle approach, health issues relevant to menopause has drawn considerable attention in recent years. In Sri Lanka, with an average life expectancy at birth for females of 72.1 years<sup>4</sup> , there is a need to focus on the problems associated with the menopausal status, if they are expected to have ‘ a complete physical , psychological and social well-being and not merely the absence of disease or infirmity , in all matters relate to the reproductive system and to its functions and processes’ as identified in the definition of reproductive health given by the International Conference on Population and Development in 1994<sup>5</sup> .

A community based cross sectional study conducted in one district of Sri Lanka, using WHO definition of menopause<sup>6</sup> shows that the median age for reaching natural menopause was calculated to be 50.3 years<sup>7</sup>. Lower education level shows a higher risk of attaining menopause at a lower age while having chronic diseases tend to delay the age at natural menopause. Another study done in Sri Lanka in an urban population among the majority ethnic group of Sinhalese, reported a higher median age (51.1 years) for reaching natural menopause<sup>8</sup>. Considering the female life expectancy in Sri Lanka (72.1 years), a woman has to spend on an average 21.9 years of postmenopausal period in their life.

The results of the community based study indicates that peri-menopausal women are subjected to physical and mental problems more than post menopausal women. Information from an assessment of self-rated health status, which is an useful predictor of long-term morbidity and mortality has shown that approximately 50% of the women aged 43-53 years perceived their current health status as ‘bad’. Of these

women, a majority was perimenopausal. After controlling for the age effect, it was shown that perimenopausal women were more likely to assess their current health status as 'bad' than postmenopausal women.

There were 16.7% of women aged 43-54 years, in 'poor' psychological status as assessed by 30-item version of the General Health Questionnaire (GHQ-30). Percentage of perimenopausal women with 'poor' psychological health status (20.2%) was higher than that of premenopausal women (13.6%) and postmenopausal women (17.6%). However after controlling for age, the psychological health status of women was not associated with menopausal status.

More than 50 % of women have 'favourable' attitudes on menopause in relation to their 'place in the society' and 'sexual activities'. The majority of women were on the view that the society does not discriminate women by their menopausal status in any of the social events. However, the fact that women were 'menopause' was kept as a 'secret' in the Sri Lanka society.

The overall knowledge on menopause among the elderly women seems to be poor. Most women were aware that menopause has adverse effects on their health status, even though their knowledge on specific areas (e.g, effects on bones ) were inadequate. Some women even believed that the changes expected due to menopause would anyway occur due to aging and they were not concerned about the minimizing effects of menopause.

Prevalence and the pattern of symptoms associated with menopause have been shown to be different in the developing countries from that of the developed countries<sup>6</sup>. Findings from studies in Sri Lanka support these observations. The percentage of women reporting symptoms ranged from 49.9% reporting pain in muscles and joints to 7.7% reporting pain in the breast. Only 16.1% of the women reported 'hotflashes'. In general, prevalence of symptoms related to menopause was higher among perimenopausal women than other two menopausal categories .

Hormone replacement therapy is expensive and is not available in the government sector, even though available in the private sector. Thus, improving the knowledge of women regarding the changes related to menopause along with providing guidance to keep themselves active and healthy has to be undertaken as an active measure.

The five most common reported diseases among elderly women irrespective of their menopausal status were diabetes mellitus, high blood pressure, arthritis, recurrent urinary tract infections and heart diseases. The higher prevalence of recurrent urinary tract infection among elderly women may be attributed to the expected changes in the genito urinary system due to oestrogen deficiency.

### **Fertility control**

Even though a conception is less likely among the older women, when it does occur it is medically ill-advised and could be a social calamity. Since the fertility rate declines with advancing age the focus of our family planning programme has always been the young.

The SLDHS 2000<sup>1</sup> has shown that family planning knowledge on all modern method was very high among older women similar to other age categories. However, percentage of using traditional methods increase with age and reach the maximum at 40-44 age group. It is interesting to note that 11.8% of women aged 40-44 and 7% of women aged 44-49 prefer to have another child.

### **Common diseases of the reproductive organs**

Among the common diseases that occur in the reproductive organs in the elderly female, malignancies, utero vaginal prolapse and menstrual disorders account for a large percentage. Since malignancies have been dealt with elsewhere it will not be taken up here. The vaginal hysterectomies done for utero vaginal prolapse is the commonest operation done in the gynecological theatre. This is probably reflecting the past experiences of prolonged and difficult vaginal deliveries. Advances in the field of anesthesia have allowed more patients to undergo surgery and as a result the placement of vaginal pessaries is becoming obsolete. Menstrual disorders are frequently seen in the gynaecological clinics. However, the advent of new medical modes of management has made it possible to reduce the need for surgical intervention.

### **Future challenges**

The focus on reproductive health activities has been mainly on the women in the reproductive years of life. In view of the increasing numbers of menopausal women, it is necessary to consider the problems they are likely to experience and implement appropriate **health promotional programmes**.

Steps should be taken to educate the primary health care personal, in order to educate women on changes that occur in menopause and available management modalities. Good dietary practices, regular exercise and relaxation techniques are some of the measures that can be widely advocated through primary health care system. However our health services does not appear to have given sufficient recognition to this problem. This may be the area where more attention should be paid in any health promotion activity, aiming at the menopausal women.

One available entry point for these strategies in the existing health services would be the Well Woman Clinic<sup>9</sup>. These are well organized and aim at providing services for women over 35 years of age. Since menopause is not an illness but a physiological phenomenon it is quite appropriate to incorporate management of menopause and its problems in these clinic activities.

**Fertility control:** The decreasing rates of sterilization seen during the past two decades in Sri Lanka will increase the number of older women requiring temporary contraception. Therefore this need has to be addressed when planning our contraceptive service provisions. In choosing methods of contraception for the elderly, they should be alert to the possibility of medical complications and the occurrence of menstrual disorders. New methods such as the progesterone containing IUD with its advantage of reducing menstrual flow may need to be introduced.

**Gynecological morbidities:** In the case of irregular bleeding in the older female excluding malignancy is of paramount importance. Presently women have limited access to newer methods of endometrial sampling such as the pipelle biopsy and flexible hysteroscopy, which does not require anaesthesia. Expanding these facilities will be advantageous for early detection of uterine malignancies among elderly women .

In general, the policy makers have to be sensitive to the RH needs of this important group and plan appropriate programmes, building on existing health infrastructure and minimal additional resources.

## References

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