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### **RESEARCH ARTICLE**

#### **ASSESSING REPRODUCTIVE SYSTEM PROBLEMS AND HELP SEEKING BEHAVIORS AMONG THE ELDERLY IN BAMENDA, CAMEROON**

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#### **Abstract**

Reproductive System problems among the elderly are a major cause for concern. Understanding elderly reproductive health problems and help-seeking behaviours is a prerequisite for providing comprehensive geriatric care to them. This research examines reproductive health problems and help seeking behaviours among the elderly in Bamenda I, North West Region. A convenient sampling method was used to select 57 participants for the study. Data was collected at community level and analyzed using SPSS version 17 analyzed. The results showed that 50.1% of the respondents were males and 49.1% were females. The findings revealed that 83.0% of the participants had reproductive problems such as low satisfaction with the current level of sexual activity (57.9%), concerns about libido (36.0%), irritation of genitals (52.6%), premenopausal problems (42.1%) and the majority of them never had appropriate care. Drugs such as those for Diabetes were consumed by 24.6% of the participants while 65.9% of the elderly witnessed a change in their sexual/reproductive health function. With regards to help seeking behaviour, 36.8% of the participants who seek help in the hospital, 35.1% from traditional doctors, 15.8% from the church, 5.3% auto-medication, 5.3% pharmacy and other sources not identified accounted for 1.8%. The challenge ahead is to modify and restructure the primary health care system based on the concepts of reproductive health care that can accommodate the current needs of elderly men and women in our society to improve on their reproductive health and wellbeing.

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#### **Background:-**

The developments in health care have led to a change in the demographic pyramid enabling an increase in life expectancy, and the growth in the number of people that lies in the age range of the older population brings new challenges for them and the society<sup>[1,2]</sup>.

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The Reproductive health concept is not limited to mothers nor is it limited to women in the child bearing age, without forgetting that men too have reproductive needs and responding to the reproductive health needs of men is also important for women<sup>[1,2]</sup>.

In most low and middle income countries, the elderly are excluded by HIV screening programs while safe sex interventions include the younger people and as a result, the older women turn to find it very difficult to seek advice on safe sexual practices<sup>[2,3]</sup>.

A recent survey done in 29 Countries shows that older women lack interest in sex, and poor vaginal lubrication and failure to reach or achieve orgasm were the causes of sexual dysfunction<sup>[1,2,4]</sup>. Some women live in a cultural setting or have some serious health problems where sexuality in the elderly is frowned upon and their ability to express their sexual need is limited by their traditional gender roles<sup>[4]</sup>.

In Cameroon, the elderly represent an increasingly important proportion of the general population, because the Economic and social crisis affecting the country for more than a decade has worsened the problem of the elderly<sup>[5-7]</sup>. In fact the elderly are faced with many reproductive health problems due to isolation, poverty and most especially difficulties to access health care<sup>[5]</sup>. As the elderly population grows, so do their demand for health services increase since health problems and the use of expensive medical technologies are needed in the segment of the elderly<sup>[6]</sup>. With regards to help seeking behaviour, a study worldwide has reported a high number of elderly seeking over-the-counter drugs for their illness in a study carried out by Sarkisian<sup>[1,6]</sup>. This study was to investigate reproductive system problems and help seeking behaviour among the elderly in Bamenda Urban City in Cameroon.

Reproductive health needs to be looked at through a life cycle approach as it affects both men and women from infancy to old age. A recent survey according to WHO and the Joint United Nations Program in 29 Countries shows that, chronic health conditions like urinary incontinence, depression and cancers are common among the elderly<sup>[1,2]</sup>. In our own context, the elderly are faced with many reproductive health problems such as erectile dysfunction, irritation of the external genitals, vaginal prolapse, bladder prolapse which may increase the risk of stress incontinence and infertility were it is the most difficult problem to treat<sup>[3,5,8]</sup>. Literature does not focus more on the reproductive health problems of the elderly and most of them turn to resolve their problems which may likely have an impact on their reproductive health<sup>[5,6,8]</sup>. Therefore assessing reproductive system problems and help seeking behaviours among the elderly will help to bring out solutions on how the reproductive health problems among the elderly can be managed.

This study will create awareness to the Government and interdisciplinary team during assessment of underlying causes of reproductive system problems among the elderly and to make provisions during planning. By assessing the reproductive health problems among the elderly, policy makers may be able to design programs and interventions that meet the needs of this age group.

### Materials and Methods:-

A descriptive cross sectional design was used during a one month period from the 4<sup>th</sup> of May to June 5<sup>th</sup> involving 57 respondents (29 males and 28 females), above the age of 50 years in Bamenda I Sub-Division North West Region. The inclusion criteria were made up of the elderly (50 years above), residence in Bamenda I Sub Division and those who voluntarily signed and filled the consent form.

In a study carried out by Lindauet *et* al, found out that 65% of Sexual problems are frequent among older adults, but these reproductive health problems are infrequently discussed with physicians<sup>[8]</sup>.

For this research the formula used was as follows.

CI = 95% = 1.96 from T table.

E<sub>max</sub> = 5% = 0.05

Prevalence = 0.01

$$n = \left( \frac{z}{E_{max}} \right)^2 P((1 - p))$$

Where CI=Confidence level

$$n = \left( \frac{1.96}{0.05} \right)^2 (0.75) ((1-0.75))$$

E<sub>max</sub>=Maximum Error

$$n = (1536.64) (18.75)$$

$$n = \frac{288}{5}$$

A sample of 57 respondents were recruited

Based on the calculations above, a sample size of 57 respondents were recruited

Participants were chosen using a convenient sampling method.

The data was collected with the use of questionnaires. The questionnaires were self-filled while interviews were carried out for the elderly persons who cannot read/write or speak English. The questions were open ended questions and a consent form addressed to each respondent informing them about the research and that the responses will be used purely for research purpose and names will not be included in the work ensuring confidentiality. The questionnaires were pre-tested among the elderly who were 50 years and above in Nkwen area involving 10 persons and corrections were being made.

Data was collected in private homes in the evening because that was the time that they were relaxing and convenient for conversation. The data collected included sex, age, religion, risk factors to reproductive system problems, reproductive system problems and help seeking behaviours, and the effect of reproductive system problems among the elderly. Interaction with respondent was in the form of face to face and it was done in pre-arranged order and the objective of the research was reviewed to the correspondent.

There was a consent form addressed to each respondent informing them about the research and that the responses will be used purely for research purpose and names will not be included in the work ensuring confidentiality. Some of the questions in the questionnaire asked to get the risk factors to reproductive system problems were, **do you take drugs? If 'Yes' what type of drugs do you take?** The responses were 'Yes' were in a majority of the respondents consumed diabetic drugs. To get the help seeking behaviour we asked, **where do you seek for help?** And the respondents said they visited the hospital to seek for help. At the end of the questionnaire a word of thanks was given to the participants.

The data collected included sex, age, religion, risk factors to reproductive system problems, reproductive system problems and help seeking behaviours, and the effect of reproductive system problems among the elderly which was coded manually, entered into excel and analysed using SPSS version 17.0 and was presented with the use of tables and charts

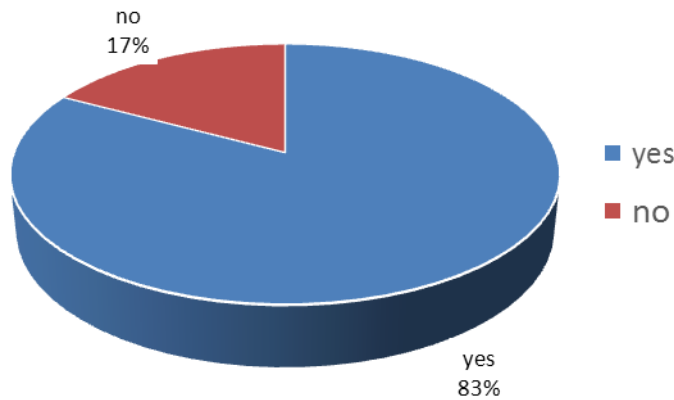
A clearance form was obtained from the Head of Department for Reproductive Health after submission and approval of the research proposal by the supervisor and an Authorization from the Regional Delegation of Bamenda and at the level of the community a verbal authorization was obtained from the quarter head.

### Presentations of Results:-

**Table 1:-** Socio- demographic Profile of Study Participants (N=57, 2016)

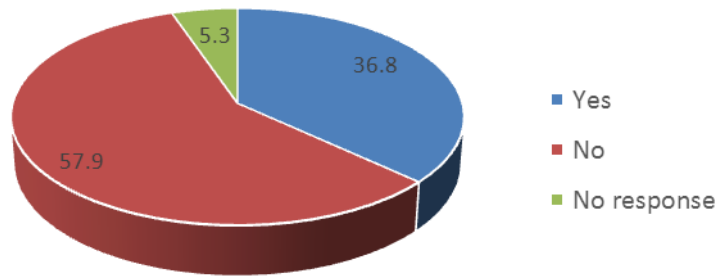
Parameters	Respondents	No of respondents	Percentage%
Marital Status	Single	6	10.5
	Married	38	66.7
	Divorced	6	10.5
	Widower	6	10.5
	others	6	1.8
	Total	<b>57</b>	<b>100</b>
Religious Background	Christian	34	59.6
	Muslim	11	19.3
	Others	12	21.1
	Total	57	100
Sex	Male	29	50.9
	Female	28	49.1
	Total	57	100

Of the total sample of 57 respondents, 50.9% were males and 49.1% women majority of the respondents were married with the percentage of 66.7% with minority (n=6) with a percentage of 10.5% were single. More than 59% of the respondents were of religious background .while a minority (n=11) with a percentage of 19.3% were Muslims.



**Figure 1:-** Loss of Erection during or Before Sex

This chart shows that 83% of the respondent’s loss erection during sex while 17% of them did not loss erection during or before sex.



**Figure 2:-** Satisfaction with Current level of Sexual Activity

If we focus only on the responses to the question of satisfaction with current sexual activity, we get the following where majority of the respondents 57.9% said they were not satisfied with current level of sexual activity while 36.8% of the respondents were satisfied with their current level of sexual activity.

**Distribution according to reproductive health problems and factors that predispose the elderly to these problems.**

Parameters	Respondents	No of respondents	Percentage%
Concerns about libido	Yes	21	36.8
	No	34	59.6
	No response	2	3.5
	<b>Total</b>	<b>57</b>	<b>100</b>
Common problems in Women	Irritation of the external genitals	30	52.6
	Pre-menopausal problems	24	42.1
	Others	3	5.3
	<b>Total</b>	<b>57</b>	<b>100</b>
Alcohol Consumption	Yes	30	50.9
	No	27	49.1
	<b>Total</b>	<b>57</b>	<b>100</b>
Smoker	Yes	30	50.9
	No	27	49.1
	<b>Total</b>	<b>57</b>	<b>100</b>
Types of Drug	Any	1	1.8
	Bp	5	8.8

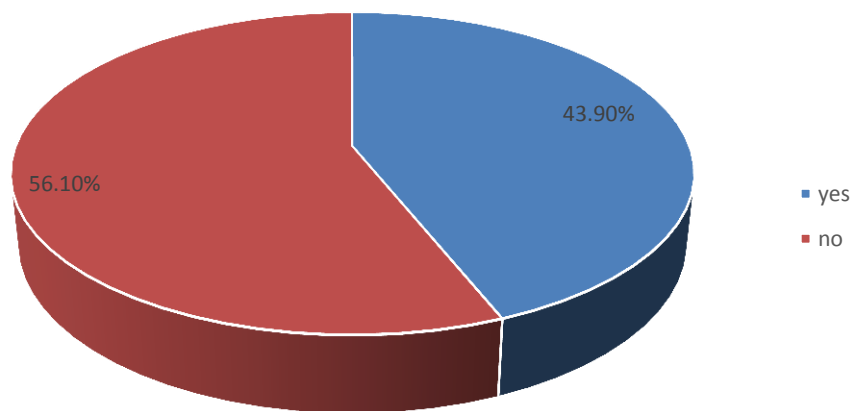
	Cardiac	2	3.5
	Diabetes	14	24.6
	No response	35	61.4

From this table, the researchers found out that 36% of respondents (n=21) had concerns about libido or sexual arousal as compared to 3.5% of the respondents who had no response (n=2). Consenting common problems in women, 52.6% of the respondents had health problems such as Irritation of the external genitals (n=30) while a minority (n=24) had pre-menopausal problems 42.1%. This table also shows that majority of the respondents (24 of 55) that is, (43.6%) are both smokers and consumers of alcohol, thereby exposing themselves simultaneously to two risk factors to reproductive health problems. A high percentage of the respondents (n=14) consumed diabetic drugs with a percentage of 24.6% while a minority (n=1) consumed any with a percentage of 1.8%.

**Distribution according to the effects of these Reproductive Health Problems on the Elderly**

Parameters	Respondents	No of respondents	Percentage%
Changes witnessed	Loss of sexual desire	36	63.2
	Hot flushes	11	19.3
	Menopause	6	10.5
	others	4	7
	<b>Total</b>	<b>57</b>	<b>100</b>
Witnessed change	Yes	37	64.9
	No	17	28.9
	No response	3	5.3
	<b>Total</b>	<b>57</b>	<b>100</b>
Health Problems identification	My self	33	57.9
	My spouse	8	14
	Children	7	12.3
	No response	7	3.5
	<b>Total</b>	<b>57</b>	<b>100</b>

This table shows that (n=36) of the respondents witnessed changes such as the lack of sexual desire 63.2% while (n=6) of the respondents witnessed changes such as memory loss. As shown on table 4.3 above majority of the respondents (with a percentage of 57.9% identified their health problem by themselves while the health problem of the respondents minority (n=7) was identified by their children and others with a percentage of 12.3%.



**Figure 3:-** Proportion of respondents been forced to perform sexually

From this table the research found out that a majority of the respondents 18 out of 25 who are females said they have been abused or forced to perform sexually as compared to men (7) who said they have been forced to perform sexually.

**Table 4:-** Distribution According To Help Seeking Behaviour

Parameters	Respondents	No of respondents	Percentage%
Treatment	Traditional	20	35.1
	Hospital	21	36.8
	Church	9	15.8
	Auto-medications	3	5.3
	others	3	1.8
	<b>Total</b>	<b>57</b>	<b>100</b>
Service accessibility	Yes	21	36.8
	No	29	50.9
	No response	7	12.3
	<b>Total</b>	<b>57</b>	<b>100</b>
Service satisfaction	Very Pleased	7	12.3
	Partially	14	24.6
	Don't know	16	28.1
	Not pleased	20	35.1
	<b>Total</b>	<b>57</b>	<b>100</b>

This table shows that, majority of the respondents (n=21) visited the hospital to seek for help with a percentage of 36.8% while a minority of the respondents (n=3) took auto medication with a percentage of 5.3%. Considering service accessibility, a bulk of the respondents (n=29) said the reproductive health services were not accessible 50.9% while a minority (n=7) said the services were not applicable with a percentage of 12.3%. Looking at service satisfaction, a majority of the respondents (n=20) with a percentage of 35.1% are not pleased with the service while a minority (n=7) with a percentage of 12.3 % are very pleased with the service.

### Discussion:-

In this chapter, the statistical data collected and analysed in chapter four from the participants in this study is reviewed, discussed and backed up with other research work being done. It also brings out a conclusion, recommendations and suggestions drawn from this work.

In this study it was discovered that majority of the respondents were males (n=29) with a percentage of 50.9% while a minority (n=28) were females with a percentage of 49.1% which is in accordance with Ries findings who said the ratio of men to women in older age groups is lower in the more developed regions than in the less developed regions<sup>[1,4,8]</sup>.

Based on loss of erection during sex, it was discovered that 65.7% of our respondents who said they experienced a loss of erection during sex were not happy with their current level of sexual activity<sup>[4,9]</sup>. This result is in line with that obtained by A.D.A.M, where erectile dysfunction is a concern for aging men<sup>[9]</sup>. It is normal for erections to occur less frequently than when a man was younger, and aging men often have less ability to experience repeated ejaculation<sup>[4,10]</sup>.

Based on common reproductive health problems among the elderly women, the researchers found out that, 52.6% of the respondents reproductive health problems such as Irritation of the external genitals (n=30) which is in line with studies carried out by A.D.A.M, which shows that irritation of the external genitals can occur (pruritus vulvae) as the vaginal walls become thinner and dryer and may become irritated (atrophic vaginitis)<sup>[9-11]</sup>. Making sexual intercourse to become uncomfortable for some women<sup>[9]</sup>.

From our results obtain based on types of drug consumed majority of the respondents (n=14) consumed diabetic drugs with a percentage of 24.6% while a minority (n=1) consumed any with a percentage of 1.8% which is in conformity with a study carried out by A.D.A.M, whose studies shows that erectile dysfunction is most often the result of a medical or psychological problem rather than simple aging, and 90% of erectile dysfunction is believed to be of medical rather than psychological origin<sup>[9,11-13]</sup>. Medications (especially those used to treat hypertension and certain other conditions) can cause some men to be unable to develop or maintain an erection that is sufficient for intercourse<sup>[9,11,13]</sup>. Disorders such as diabetes can also cause erectile dysfunction<sup>[13]</sup>.

From our results obtained based on service accessibility, a bulk of the respondents (n=29) said the reproductive health services were not accessible 50.9% while a minority (n=7) said the services were not applicable with a percentage of 12.3%. This result is in accordance with Ama results which revealed that, Poor access to reproductive health services like in the study in Botswana is a cause to reproductive health problems, were in 48% of the elderly could not access the health services due to the fact that they were too far, they lack the means of transport as 62% of them said they walked on foot and information about the reproductive health services was too poor to know that such services exist in the hospital<sup>[4]</sup>. This is in contrast with a study carried out by Flowlar, which states that, the reproductive health services to be access by the elderly was limited mostly to condoms, screening for HIV, screening for breast cancer this delimit the alternative choices the elderly could use such as counselling about menopause and its symptoms<sup>[4,14]</sup>.

With regards to changes witnessed by women, the results gotten from this research shows that (n=36) of the respondents witnessed changes such as the lack of sexual desire 63.2% while (n=6) of the respondents witnessed changes such as memory loss. Which is in accordance with studies by A.D.A.M, which states that, Hot flashes, mood disturbances, and sleep disturbances are also common symptoms that occur during menopause?<sup>[10,15]</sup>. The causes of these changes are not well understood, but they are also related to the decreasing amount of estrogen produced by the ovaries<sup>[10,15]</sup>.

From our results obtained based on help seeking behaviour, majority of the respondents (n=21) visited the hospital to seek for help with a percentage of 36.8% while a minority of the respondents (n=3) took auto medication with a percentage of 5.3%. which is in accordance with studies by Molash, which states that, dependency in various homes nowadays has raised a significant alert that needs a standard approach<sup>[3,10,15]</sup>. Elderly people look up to healthcare officers for support in almost in almost all their daily tasks .It is also in disparity with a study carried out by Swanson, which shows that in Cameroon, traditional practices also contribute to women's health risks?<sup>[16]</sup>. Here they believe that if they do not comply with gender roles and tasks of the tribal norms, they will be bewitched to illness or death as many see traditional medicine as protective for their health<sup>[4,16]</sup>.

With regards to sexual abuse/forced to perform sexually, we discover that a majority of the respondents 18 out of 25 who are females said they have been abused or forced to perform sexually as compared to seven men who said they have been forced to perform sexually<sup>[16]</sup>. Which ties with a study by Heise, on domestic and reproductive health violence that says women are most at risk at home because domestic violence, rape and sexual abuse are widespread across all regions<sup>[15]</sup>. About 30% of women are beaten and coerced in to sex. Elderly women are most at risk at home from a man they know which affects their productivity, quality of life physical and mental wellbeing (*Figure 3*).

From our results obtained based on alcohol and Cigarette Consumption Majority 78.2% of the respondents (24 out of 55) are both smokers and consumers of alcohol, thereby exposing themselves simultaneously to two risk factors to reproductive health problems. This point is in line with a study carried out by Defor, which states that, most women try to get money by prostituting which can cause harm to their lives?<sup>[3]</sup>. Some do carry out stressful labour in other to survive sometimes they even work without having food to eat, get to the farm without eating and even when back they still do not have food to eat<sup>[3]</sup>. Hard work without money endangers their health<sup>[3,7]</sup>. Also when they do work hard and fall sick for a long time and no one to help they may die easily<sup>[7]</sup>. Most elderly harm their health by drinking excessive alcohol<sup>[7,14]</sup>.

With regards to Health Problem Identification majority of the respondents (n=33) with a percentage of 57.9% identified their health problem by themselves while the health problem of the minority (n=7) was identified by their children and others with a percentage of 12.3%. which in conformity with studies by Ama, who said elderly women hardly seek care because they accepted their gynecological problems, menopause and physical discomfort as natural<sup>[4,7]</sup>.

### **Conclusion:-**

Reproductive health problems impose a large burden among the elderly women and men. This study demonstrates that well over two third of the participants had reproductive problems (52.6%) such as low satisfaction with the current level of sexual activity, concerns about libido, irritation of genitals, premenopausal problems .With regards to help seeking behaviour, 36.8% of the participants seek help in the hospital. The challenge ahead is to modify and restructure the primary health care system based on the concepts of reproductive health care that can accommodate the current needs of elderly men and women in our society to improve on their reproductive health and wellbeing.

**Recommendation:-**

In line with the findings of this study, the following recommendations will help improve on the reproductive health needs of the elderly.

1. The government through the Ministry of Public Health should develop appropriate reproductive programmes that target the elderly. This will help meet the reproductive health needs of this age group.
2. Hospitals and staff in charge of health education activities should include topics such as common reproductive health problems among the elderly and appropriate management in their sensitization programmes at hospital and community level. This will go a long way to increase the knowledge of the elderly on common problems and what to do if they face such problems.
3. Health care providers (doctors, nurses, counsellors, etc) should improve on the quality of services rendered to the elderly through appropriate orientation, counselling, clinical management and/or referral where appropriate. This will go a long way to reduce the psycho-social burden related to their reproductive health problems such as menopause.

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