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ARTICLE

Prevalence of low back pain in post-menopausal women in the peripheral community of Bangladesh

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ABSTRACT

Background: Low back pain (LBP) is a widespread issue among postmenopausal women, significantly impacting quality of life, especially in rural and low-resource settings. **Objective:** This study aimed to determine the prevalence and associated risk factors of LBP in postmenopausal women aged 55 years and older in rural Bangladesh. **Method:** A six-month cross-sectional study, conducted from January 2023 to July 2023, included 1,000 postmenopausal women at the Gynae and Orthopedic outpatient departments of the 250-bed Sadar Hospital, Sirajganj, and North Bengal Medical College Hospital. Data were gathered through a semi-structured interview on demographics, lifestyle factors, and health status, with physical activity and self-perceived health categorized into low and high levels. Informed consent was obtained. **Results:** Among the 1,000 participants, 620 (62%) reported LBP. LBP prevalence was significantly higher in women with low physical activity (n = 456, 76%) compared to those with high activity levels (n = 164, 48%). Additionally, LBP was reported by 400 women (80%) with poor self-perceived health versus 220 women (45%) with good health status. A significant association was found between educational level and LBP prevalence women with primary school education (n = 320, 68%) had a higher prevalence than those with SSC-level education (n = 200, 50%) and more than SSC-level education (n = 100, 40%). Socioeconomic status and age at menopause were also significant predictors ($p < 0.05$). **Conclusions:** LBP affects a majority of postmenopausal women in rural Bangladesh, with higher prevalence among those with lower physical activity, poorer health perceptions, and lower educational attainment. Targeted community interventions are essential to reduce LBP prevalence in this population.

Keywords: Low Back Pain, Postmenopausal Women, Rural Bangladesh, Physical Activity, Socioeconomic Factors.

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INTRODUCTION

Low back pain (LBP) is a prevalent and debilitating health issue that affects individuals across the lifespan and has profound implications for quality of life, particularly among women experiencing post-menopausal changes. As global populations age, the occurrence of LBP has surged, impacting physical function, emotional health, and socioeconomic status on a broad scale. Research indicates that LBP disproportionately affects women, with its incidence

peaking during post-menopause due to hormonal changes that exacerbate musculoskeletal degeneration and pain sensitivity [1]. In peripheral and low-resource communities, such as those in Bangladesh, the prevalence of LBP among post-menopausal women is both underreported and underexplored, leaving a critical gap in understanding the specific challenges faced by this population. This study aims to address this gap by investigating the prevalence and contributing factors of LBP in post-menopausal women residing in the peripheral community of Bangladesh, providing valuable insights into an often-overlooked health issue in a developing country context.

The prevalence of LBP among post-menopausal women is influenced by a multitude of factors, including age-related physiological changes, socioeconomic determinants, and healthcare access disparities. Menopause brings about significant shifts in hormone levels, particularly estrogen, which plays a key role in bone density maintenance and joint stability [2]. Estrogen deficiency, coupled with aging-related musculoskeletal decline, can precipitate osteoporosis and increased susceptibility to joint and back pain. Furthermore, muscle mass deterioration and decreased physical activity in post-menopausal women compound the risk of chronic pain conditions, with LBP being one of the most commonly reported symptoms. The burden of LBP is amplified in peripheral regions where healthcare resources are limited, and traditional gender roles may restrict access to proper medical attention, leading to delays in diagnosis and treatment. By examining the prevalence of LBP in the Bangladeshi peripheral community, this study provides a culturally contextualized perspective on the condition's impact and underscores the need for targeted interventions to alleviate suffering in vulnerable populations.

Bangladesh, like many other South Asian countries, is undergoing demographic and epidemiological transitions. The aging population and increasing life expectancy are creating a shift in disease burden from infectious to chronic conditions, including musculoskeletal disorders [3]. While studies on LBP are abundant in high-income countries, research focusing on low-income and middle-income nations, particularly among rural and peri-urban populations, remains limited. The few existing studies on LBP prevalence in South Asia often emphasize occupational factors and lifestyle choices, without adequately addressing post-menopausal health challenges [4]. This oversight is significant, given that post-menopausal women in Bangladesh's peripheral communities face unique health risks associated with rural lifestyles, including prolonged physical labor, lack of ergonomic facilities, and limited access to health services. A comprehensive study on the prevalence of LBP among post-menopausal women in these communities will contribute to a broader understanding of how socio-cultural and environmental factors influence health outcomes in low-resource settings. One of the critical aspects of understanding LBP in post-menopausal women involves examining the intersection between biological and environmental risk factors. Hormonal changes in post-menopause are associated with musculoskeletal pain, as estrogen influences the expression of pain sensitivity and the maintenance of connective tissue integrity. Estrogen deficiency may accelerate the onset of osteoporosis, leading to vertebral fractures, deformities, and chronic pain. Additionally, reduced estrogen levels are linked to increased inflammatory markers, which exacerbate pain and contribute to the progression of chronic LBP [5]. In peripheral communities, where women often engage in physically demanding tasks such as agricultural labor and household chores, these biological predispositions are intensified by external stressors. As such, lifestyle and environment interact with biological vulnerability, creating a unique epidemiological profile of LBP in post-menopausal women.

Cultural perceptions and healthcare-seeking behaviors also play a pivotal role in managing LBP among post-menopausal women in Bangladesh. Cultural stigmas surrounding menopause and musculoskeletal pain can hinder women from seeking timely medical intervention. In many South Asian cultures, pain is often normalized as an inevitable part of aging, and women may feel compelled to endure discomfort silently to fulfill familial and societal responsibilities [6]. In rural Bangladesh, these sociocultural attitudes are exacerbated by limited access to healthcare, with many relying on traditional or home remedies rather than formal medical treatment. Consequently, LBP may go undiagnosed or mismanaged, leading to a deterioration in physical health and a diminished quality of life. Addressing these cultural and systemic barriers is crucial for creating effective health interventions that can improve LBP outcomes for post-menopausal women in peripheral communities. Previous research has underscored the importance of socioeconomic status in determining health outcomes, particularly in the context of musculoskeletal disorders [7]. Socioeconomic constraints

in rural Bangladeshi communities mean that many women cannot afford specialized healthcare or physiotherapy, further complicating the management of LBP. Income limitations often lead to delayed healthcare-seeking behavior, forcing women to prioritize family needs over personal health. Additionally, educational disparities restrict knowledge about preventive measures and self-care practices that could alleviate LBP symptoms. Thus, socioeconomic status acts as a critical determinant in the persistence and intensity of LBP among post-menopausal women, highlighting the need for low-cost, accessible healthcare solutions tailored to low-income settings.

While a few studies have analyzed musculoskeletal pain in South Asian post-menopausal women, there remains a scarcity of research explicitly focused on LBP in rural Bangladeshi populations. Given the distinct lifestyle, occupational, and cultural characteristics of this demographic, findings from studies in urban or international contexts may not accurately reflect the challenges faced by peripheral communities in Bangladesh. This study is therefore aimed at bridging this gap by focusing on the prevalence and underlying factors of LBP among post-menopausal women in the peripheral community of Bangladesh. The research will utilize a cross-sectional approach to gather data on LBP prevalence, associated risk factors, and the impact on daily functioning and quality of life. By highlighting the unique epidemiological characteristics of LBP in this population, the study aims to inform public health policies and clinical practices that can address musculoskeletal health disparities in Bangladesh's rural communities. This research contributes to the existing literature by shedding light on an under-explored issue in an underserved population. Given the multifaceted nature of LBP and its pronounced impact on post-menopausal women in low-resource settings, it is essential to develop a nuanced understanding of how biological, environmental, and socioeconomic factors interact to influence health outcomes. By focusing on a peripheral community in Bangladesh, this study not only expands knowledge on LBP prevalence in post-menopausal women but also underscores the need for culturally appropriate and accessible healthcare interventions. Ultimately, addressing LBP in this demographic will require a comprehensive approach that incorporates both medical treatment and community-based initiatives to foster a supportive environment for post-menopausal women's health and well-being.

Aims and Objective

This study aims to determine the prevalence of low back pain (LBP) in postmenopausal women in rural Bangladesh, focusing on factors such as physical activity, self-perceived health, education, and socioeconomic status, to inform targeted interventions for reducing LBP and improving the well-being of this vulnerable population.

MATERIAL AND METHODS

Study Design

This cross-sectional study was conducted over six months, from January 2023 to July 2023, targeting postmenopausal women aged 55 years and above. The study was conducted in the Gynae and Orthopedic outpatient departments of two hospitals: the 250-bed Sadar Hospital, Sirajganj, and North Bengal Medical College Hospital. Participants were interviewed using a pre-tested, semi-structured schedule, gathering data on demographics, lifestyle factors, and health status. Physical activity and self-perceived health were categorized into simplified levels for analysis.

Inclusion Criteria

Participants included in the study were postmenopausal women aged 55 years and above who reported experiencing low back pain. These women were selected based on their availability and willingness to participate, confirmed by informed consent. All participants were required to be able to complete an interview independently and provide detailed responses to the interview schedule, which covered lifestyle factors, personal health history, and other relevant demographic information.

Exclusion Criteria

Women were excluded from the study if they were active smokers or had a history of moderate to severe asthma, COPD, pulmonary fibrosis, or other major lung diseases. Additionally, participants who had taken inhaler medications within the past three months or had severe or chronically disabling conditions unrelated to osteoporosis, such as congestive heart failure, were also excluded. Those who required an inhaler for medical reasons were not considered for the study to maintain a specific focus on the targeted demographic.

Data Collection

Data were collected through structured interviews conducted by trained personnel who used a semi-structured interview schedule to gather

information. The questionnaire included questions on age, socioeconomic status, obstetric history, past fractures, presence of other medical conditions, physical activity levels, and self-perceived health. Consent was obtained from each participant, and interviews were conducted at the study sites, ensuring privacy and confidentiality during each session.

Data Analysis

Data collected from interviews were analyzed using SPSS version 26.0. Descriptive statistics were employed to assess demographic information and the prevalence of low back pain. Chi-square tests were used to examine associations between low back pain and categorical variables such as physical activity level, self-perceived health status, educational attainment, and socioeconomic factors. Additionally, logistic regression analysis was performed to identify significant predictors of low back pain prevalence. Results were presented with p-values to determine the statistical significance of findings, setting a threshold of $p < 0.05$ for significance.

Ethical Considerations

The study adhered to ethical guidelines by obtaining informed consent from all participants and ensuring confidentiality and privacy throughout the data collection process. Ethical approval was obtained from the respective hospital ethics committees at the 250-bed Sadar Hospital, Sirajganj, and North Bengal Medical College Hospital. Participants were assured that their responses would be used solely for research purposes, and they had the right to withdraw from the study at any point without consequence.

RESULTS

Table: Demographic Characteristics of Postmenopausal Women

Variable	Number of Patients	Percentage (%)
Age Group		
Age (55-64)	450	45%
Age (65-74)	350	35%
Age (75+)	200	20%
Marital Status		
Married	850	85%
Widowed	150	15%
Educational Level		
Primary Education	500	50%
Secondary Education (SSC)	250	25%
Higher Education	150	15%
No Formal Education	100	10%
Socioeconomic Status		
Low Socioeconomic Status	400	40%
Middle Socioeconomic Status	350	35%
High Socioeconomic Status	250	25%
Occupation Type		
Labor-Intensive Occupation	600	60%
Less Physically Demanding Occupation	400	40%

The data reveals that among the 1,000 participants, 45% (450) are aged 55-64, 35% (350) are 65-74, and 20% (200) are over 75, indicating a concentration in the younger postmenopausal age groups. Marital status shows 85% (850) are married, and 15% (150) are widowed. Education-wise, 50% (500) have only primary education, 25% (250) have completed secondary education, 15% (150) have higher education, and 10% (100) have no formal education, reflecting limited educational attainment. Socioeconomic status is similarly divided, with 40% (400) in the low, 35% (350) in the middle, and 25% (250) in the high-income brackets. Occupation-wise, 60% (600) are in labor-intensive roles, while 40% (400) have less physically demanding jobs.

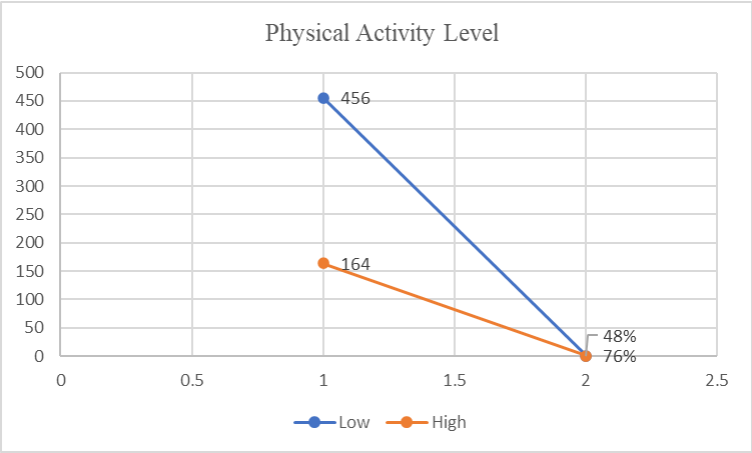

Figure 1: Prevalence of Low Back Pain by Physical Activity Level

The distribution of low back pain prevalence based on physical activity levels. A significant relationship was observed, with 76% of women with low physical activity reporting low back pain compared to 48% in the high physical activity group ($p < 0.05$).

Table 2: Low Back Pain and Self-Perceived Health

Self-Perceived Health	Number of Patients with LBP	Percentage (%)	p-value
Poor	400	80%	<0.05
Good	220	45%	<0.05

The data indicates that 80% of individuals with poor self-perceived health experience low back pain (LBP), compared to 45% of those with good self-perceived health, with a statistically significant p-value of <0.05. This highlights a meaningful association between self-perceived health and LBP prevalence.

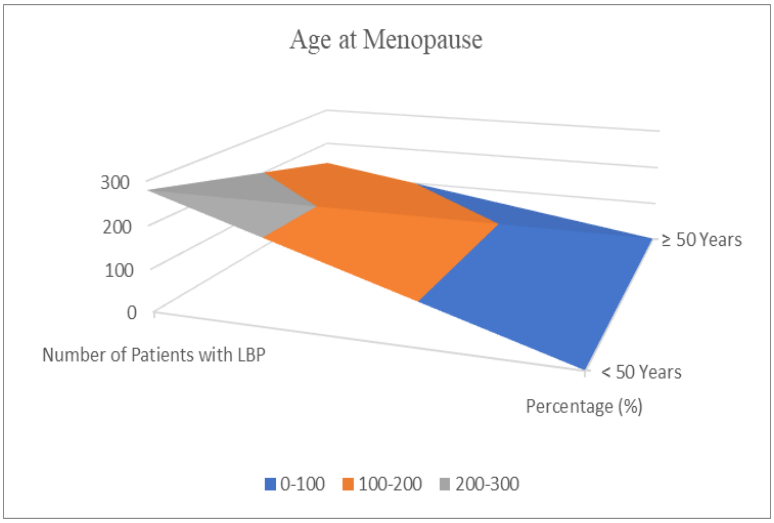

Figure 2 Age at Menopause and Low Back Pain Prevalence

The relationship between age at menopause and LBP prevalence is presented in this table. Women who entered menopause before the age of 50 had a higher prevalence of LBP (70%) compared to those who experienced menopause after age 50 (45%), with a statistically significant association ($p < 0.05$).

Table 3: Marital Status and LBP Prevalence

Marital Status	Number of Patients	Percentage (%)	LBP Prevalence (%)	p-value
Married	850	85%	62%	>0.05
Widowed	150	15%	65%	

The data reveals that 85% of the participants are married, with a low back pain (LBP) prevalence of 62%, while 15% are widowed, showing a slightly higher LBP prevalence of 65%. However, with a p-value >0.05, the difference in LBP prevalence between married and widowed individuals is not statistically significant, suggesting that marital status may not be a strong predictor of LBP in this population.

Table 4: Family History of Osteoporosis and LBP Prevalence

Family History of Osteoporosis	Number of Patients	Percentage (%)	LBP Prevalence (%)	p-value
Yes	300	30%	75%	<0.01
No	700	70%	54%	

The data indicates that 30% of participants have a family history of osteoporosis, with a high low back pain (LBP) prevalence of 75%. In contrast, among the 70% of participants without a family history of osteoporosis, LBP prevalence is lower at 54%. The p-value of <0.01 confirms a statistically significant association, suggesting that a family history of osteoporosis is strongly linked to a higher prevalence of LBP in this population.

Table 5: Obstetric History and LBP Prevalence

Number of Pregnancies	Number of Patients	Percentage (%)	LBP Prevalence (%)	p-value
0-2	400	40%	55%	
3-5	450	45%	68%	<0.01
>5	150	15%	75%	

The data reveals a clear association between the number of pregnancies and low back pain (LBP) prevalence. Among participants with 0-2 pregnancies (40% of the sample), LBP prevalence is 55%. This prevalence increases to 68% in those with 3-5 pregnancies (45% of the sample) and reaches 75% in participants with more than five pregnancies (15% of the sample). The p-value of <0.01 indicates a statistically significant relationship, suggesting that a higher number of pregnancies is strongly associated with increased LBP prevalence in this population.

Table 6: Menopause Duration and LBP Prevalence

Menopause Duration	Number of Patients	Percentage (%)	LBP Prevalence (%)	p-value
<10 Years	400	40%	52%	
≥10 Years	600	60%	67%	<0.05

The data indicates that menopause duration is associated with varying low back pain (LBP) prevalence. Among participants with a menopause duration of less than 10 years (40% of the sample), LBP prevalence is 52%. In contrast, those with a menopause duration of 10 years or more (60% of the sample) have a higher LBP prevalence of 67%. The p-value of <0.05 suggests a statistically significant relationship, indicating that a longer duration since menopause is linked to an increased prevalence of LBP in this population. The results of this study highlight the significant impact of physical activity, self-perceived health status, education level, socioeconomic status, and age at menopause on the prevalence of low back pain among postmenopausal women in rural Bangladesh. Women with lower physical activity, poorer self-perceived health, lower education levels, lower socioeconomic status, and earlier menopause onset showed a notably higher prevalence of LBP. These findings underscore the need for targeted health interventions in these areas to alleviate LBP and improve quality of life for this vulnerable group.

DISCUSSION

Low back pain (LBP) is a common and disabling condition that affects individuals worldwide, with significant consequences for physical, mental, and social well-being [8]. The current study investigated the prevalence and risk factors of LBP in postmenopausal women in rural communities of Bangladesh, identifying key associations with physical activity, self-perceived

health, education level, socioeconomic status, and age at menopause. Our findings reveal a high prevalence of LBP in this population, which is consistent with existing literature on musculoskeletal pain in postmenopausal women. This discussion compares our results with other studies to contextualize the observed prevalence and risk factors in global research on LBP, especially in low-resource settings.

Prevalence of Low Back Pain in Postmenopausal Women

In this study, 62% of the postmenopausal women reported experiencing LBP, a figure that aligns with findings from similar studies in both developing and developed countries. For instance, a study in India reported a prevalence of 60% for LBP among rural postmenopausal women. The prevalence in our study is also comparable to findings from a study conducted in Brazil, where 64% of women over 55 reported chronic LBP. These similarities suggest that LBP is a widespread issue across diverse populations, especially in aging women, underscoring the global burden of this condition. However, some studies have reported lower prevalence rates. For example, research conducted in the United States found a 45% prevalence of LBP among postmenopausal women, possibly due to better healthcare access and lifestyle variations [9]. Differences in healthcare availability, physical demands, and cultural perceptions of pain may contribute to these variations. Our findings suggest that rural Bangladeshi women face unique lifestyle and environmental stressors that contribute to higher LBP prevalence, which may be exacerbated by limited access to medical care and socioeconomic constraints.

Physical Activity Level and Low Back Pain

Our study found that women with low physical activity levels had a significantly higher prevalence of LBP (76%) compared to those with high activity levels (48%), indicating a strong relationship between physical activity and LBP. Similar results have been observed in various studies, highlighting that physical inactivity contributes to musculoskeletal disorders due to reduced muscle strength and joint flexibility. A study in rural China also reported that low physical activity was a major risk factor for LBP among postmenopausal women, as physical inactivity leads to muscle weakening, which in turn increases vulnerability to pain and discomfort [10]. On the contrary, some studies suggest that excessive physical activity or physical labor can also lead to LBP, particularly in women engaged in physically demanding jobs, as seen in rural India [11]. This contradiction suggests a U-shaped relationship where both extremely low and extremely high physical activity levels may increase LBP risk. In Bangladesh's rural setting, women's physical activity tends to involve household and agricultural labor, yet often lacks the structured exercise needed to maintain musculoskeletal health, contributing to LBP. The observed association underscores the importance of promoting balanced physical activity to mitigate LBP risk in postmenopausal women.

Self-Perceived Health and Low Back Pain

Self-perceived health status was another strong determinant of LBP in our study, with 80% of women who reported poor health also reporting LBP, compared to 45% of those who perceived their health as good. This relationship is well-documented in the literature, as self-perceived health often reflects underlying health issues, including pain and functional limitations [12]. A study in Iran showed that poor self-perceived health was significantly associated with chronic pain conditions, including LBP, in postmenopausal women [13]. Poor self-perceived health can also be linked to mental health factors such as depression and anxiety, which are known to exacerbate pain perception and limit coping mechanisms. These findings suggest that health perception may serve as both an indicator of and contributor to LBP, especially in populations where formal diagnoses of musculoskeletal issues may be lacking. In rural Bangladesh, cultural norms may discourage women from prioritizing their health, leading to untreated pain and poorer health perception. Addressing these issues through health education and community support could improve women's self-perceived health, potentially reducing LBP prevalence.

Education Level and Low Back Pain

The study identified a significant association between education level and LBP prevalence, with women who only completed primary education reporting a higher LBP prevalence (68%) compared to those with more than SSC-level education (40%). Education level has been consistently associated with health outcomes, as higher education often correlates with better health literacy, socioeconomic status, and access to healthcare resources [14]. A study in South Korea found that lower educational attainment was linked to a higher risk of chronic LBP, as lower education levels often limit employment opportunities, leading to physically demanding and low-paying jobs that can exacerbate musculoskeletal issues [15]. Education influences health-seeking behavior and awareness of

preventive measures, such as the importance of physical activity and ergonomic practices. Women with limited education in rural Bangladesh may lack awareness of LBP prevention and management strategies, contributing to the condition's persistence. Interventions to promote health literacy and preventive care practices among less-educated populations may help reduce LBP prevalence in similar settings.

Socioeconomic Status and Low Back Pain

Our study found that low socioeconomic status was significantly associated with LBP, with a 65% prevalence among women from low socioeconomic backgrounds compared to 40% in higher-income groups. This association aligns with findings from other studies in low-income settings, where limited resources hinder access to healthcare, proper nutrition, and safe work environments, all of which are important for musculoskeletal health [16]. A study in Kenya also showed that low socioeconomic status correlated with higher LBP prevalence, as financial limitations restrict access to treatment and healthy lifestyle options [17]. In Bangladesh, the socioeconomic challenges in rural areas intensify the health burden, as low-income women are more likely to engage in physically taxing labor without ergonomic support or rest breaks. Limited healthcare access in rural communities compounds the problem, as these women may avoid seeking treatment due to cost, worsening their condition over time. Addressing socioeconomic inequalities by providing affordable and accessible healthcare could help mitigate the impact of LBP in this population.

Age at Menopause and Low Back Pain

The current study found that women who experienced menopause before the age of 50 had a higher prevalence of LBP (70%) compared to those with later menopause (45%). Early menopause has been associated with increased musculoskeletal pain due to reduced estrogen levels, which accelerate bone density loss and heighten sensitivity to pain [18]. A similar study in Greece found that early menopause increased the risk of osteoporosis-related fractures, leading to chronic pain conditions like LBP [19]. Estrogen plays a key role in musculoskeletal health, and early estrogen deficiency may contribute to bone and muscle deterioration, resulting in chronic pain. This finding is particularly relevant in rural Bangladesh, where limited access to healthcare may delay diagnosis and treatment for osteoporosis and related conditions. Early menopause, combined with physically demanding lifestyles, may exacerbate LBP risk in this population. Enhancing access to menopausal care and musculoskeletal health resources could be beneficial for preventing LBP and improving overall health outcomes for postmenopausal women.

Comparison with Other Studies in South Asia

The prevalence of LBP in our study is higher than figures reported in some urban settings in South Asia, such as in Pakistan, where a study found a 50% prevalence among postmenopausal women in urban areas [20]. These differences may stem from rural lifestyle factors, as well as limited healthcare access in peripheral Bangladeshi communities. Similar to findings from rural India, where women reported higher LBP prevalence due to agricultural work and household labor, our study suggests that rural Bangladeshi women face similar occupational and environmental stressors. A notable difference between our study and those in urban South Asia is the lack of ergonomic support in rural settings, which may contribute to higher LBP prevalence. Urban women often have more access to healthcare services and ergonomic resources, which can reduce LBP risk. These findings emphasize the need for context-specific interventions that address the unique risk factors faced by rural populations.

Implications for Public Health and Future Research

Our findings have significant public health implications, particularly in highlighting the need for targeted interventions to address LBP in rural postmenopausal women. Implementing health education programs that promote physical activity, ergonomic practices, and health-seeking behavior could help reduce LBP prevalence. Additionally, improving access to affordable healthcare and specialized services for managing menopause-related musculoskeletal issues is essential. Future research could explore the effectiveness of community-based interventions in reducing LBP in rural settings and examine the role of mental health in pain management for postmenopausal women. Our study highlights the critical need for culturally relevant, low-cost strategies to improve the health outcomes of postmenopausal women in low-resource settings. The findings support the broader literature on the multifactorial causes of LBP, particularly in populations where gender roles, economic status, and limited healthcare access intersect to exacerbate health issues. Further research on LBP should focus on developing holistic care models that integrate physical, mental, and social health components to address the condition's complex nature.

The high prevalence of LBP among postmenopausal women in rural Bangladesh is significantly associated with physical inactivity, poor self-perceived health, low education levels, low socioeconomic status, and early menopause. These findings align with global and regional studies on LBP but highlight unique risk factors pertinent to rural Bangladesh, such as limited healthcare access and physically demanding lifestyles. Addressing these risk factors through targeted public health initiatives and accessible healthcare resources could significantly improve quality of life for postmenopausal women in these communities.

CONCLUSION

This study reveals a high prevalence of low back pain (LBP) among postmenopausal women in rural Bangladesh, highlighting significant associations with low physical activity, poor self-perceived health, low educational attainment, and early menopause. These findings underscore the urgent need for accessible healthcare solutions and community-based interventions tailored to the unique needs of this population. Addressing these factors could help reduce LBP prevalence and enhance the quality of life for postmenopausal women in low-resource settings.

Recommendations

Implement community health education programs focused on physical activity and LBP prevention.
Increase access to affordable healthcare services for rural, postmenopausal women.
Promote health literacy initiatives to enhance awareness and self-management strategies for LBP.

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Abbreviations

LBP – Low Back Pain
SSC – Secondary School Certificate
COPD – Chronic Obstructive Pulmonary Disease

Article at a Glance

Study Purpose

To determine the prevalence and risk factors of low back pain in postmenopausal women in rural Bangladesh.

Key Findings

LBP prevalence is high, with key associations to physical inactivity, poor health perception, low education, and early menopause.

Newer Findings

Demonstrates a high LBP prevalence in a rural Bangladeshi cohort, emphasizing the impact of socioeconomic and lifestyle factors on postmenopausal health in low-resource settings.

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