

Assessment Of Expectation, Knowledge And Adjustment Behaviour Of Menopausal Women In North Central Nigeria

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Abstract

Menopause is a profound change in the lives of women. The study seeks to assess the perceived cause, expectation, knowledge and sources of health information, women's knowledge and adjustment behavior towards menopause. The study was a cross-sectional study conducted in North Central Nigeria. Only 43(23.9%) of the respondents had idea of what to expect at menopausal period while 42(40.0%) of the respondents were uncertain of expectation of menopausal period 56(36.1%). About one-fifth of the respondents study 70 (19.55%), had the correct knowledge on the meaning of menopause. The knowledge on definition of final menstrual period (FMP) was low, only 81 (22.62%), of the respondents appropriately defined final menstrual period (FMP). Of the respondents, 158 (44.13%) perceived menopause as the cause of final cessation of menstruation, while most of the other respondents mentioned illness 30 (8.38%), supernatural attack 37 (10.34%), and 127 (35.47%) had no idea. Less than half (46.65%) of the respondents were positively disposed towards menopause. The mean scores revealed that those who had tertiary education were more positive with mean score of 25.43. However, respondents with no formal education had the lowest mean negative attitudinal score 21.8. The study shows that there is inadequate knowledge on menopause among the respondents with more than half of the respondents had negative attitude towards menopause. There is need for continuous health education on menopause by health workers and the mass media not only for mid-age women but for other members of the society.

Key words; Menopause source of Health Information, Knowledge and Attitude

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Introduction

Menopause is a profound change in the lives of women and it brings new maturity to them. It is a time when a woman begins to frame a philosophy that will encompass the latter part of her life, and to make choices that could not be made when children were dependent and the women had less experience.¹

Despite the existence of facts about menopause, the symptoms and signs as well as problems associated with menopause, many women have little or no knowledge of menopause. Studies have revealed that the anxiety displayed by women were caused by lack of knowledge and that middle aged women do not actually see menopause in a negative light or even as a significant event in their lives. In fact, very few women have defined menopause as a time of symptom or disease risk or a time for medical care.^{1,2} While many of these women defined menopause in different ways as follows; cessation of their period; end of their reproductive ability, a time of hormonal change, a change of life, a change in body, a change in emotion and an ageing process.³

Contrary to widely held assumptions that active information seekers are more interested and have a better level of knowledge than the general population; a study has shown that there is no difference in knowledge on emotional changes associated with menopause in both rural and urban communities.⁴

An evaluation of long-term impact of health education intervention in primary care for premenopausal women shows that there is no group difference in measures of general health or mood, but subjective evaluation of the information was positive in terms of increasing knowledge and helping women to deal with the emotional and practical aspect of the menopause.⁵ There is a need for midlife woman to ask herself how she is going to live her life in her forties and beyond and make the opportunities for the new phase. Adjustment behaviour generally refers to a person's consistent reactions towards a given object, bias of this reaction being his or her basic understanding of the object. The behaviour comprises of the beliefs, the emotions and attitude either singly or in combination towards a defined object. This is the main judgment about the events surrounding the society, and whatever the judgment (subjective or objective) it is an important variable in authentication of attitudes towards menopause.⁶

Adjustment behavior of women towards

menopause varies with various age groups, educational levels, religions and ethnic groups. It was pointed out that the term menopause belies its significance. It is seen as a relentless progression downward, a running down towards death not as a transient pause. After the menopause a woman realizes as she holds a young baby that she can never have any more children. For the first time she has no choice, whether it be to give or to refuse life, to be pregnant or not, or to agree to choose to sustain or abort a life which she feels is hers.⁷

People with positive adjustment act positively, feel able to influence their environment, assume responsibility, tolerate frustration, while those with negative attitude are easily led by others and are easily frustrated and blame others for their short comings and avoid difficult situations.⁶ Women usually have negative attitudes towards menopause because of their ignorance and lack of education about its reality.^{8,9} Studies revealed more positive adjustment, particularly of more highly educated women. There is a considerable difference in younger women's adjustment towards menopause and those of middle-aged women. Most of the middle-aged women view the postmenopausal period as a period free from fears and misconceptions.¹⁰

After the menopause, these women are no longer considered to be contaminated and are now unable to menstruate or give birth. In Nigeria, postmenopausal women often are given more power both within and outside of the home.¹¹ Among the Hausas in Nigeria, menopausal women even win physical freedom, being released from confinement (a practice imposed when married) when menstruation ceases. These cultural activity supports that menopausal women had a great and positive influence, thus enabling women to want to reach menopause without fear. Menopausal women measure menopause as a time to look forward to and as an advanced stage in a woman's life. However, menopause also can strip women of their identity and bring sexual prohibitions. Among the Hausas, postmenopausal individuals are no longer considered to be women and are denied the right to have sexual intercourse.¹¹

Objectives

To assess the perceived cause, expectation and sources of information on menopause. To determine the women's knowledge and adjustment behavior towards menopause.

Materials and methods

The study was a cross-sectional study conducted in Ilorin metropolis. The sample size used for the study consisted of four hundred menopausal women aged 40 years and above who had stopped menstruating for 12 consecutive months. Multistage sampling technique was used in selecting subjects for the study. Six out of the twelve wards and three streets in each ward within Ilorin metropolis were selected by simple random sampling technique (using ballot method i.e. putting

the name of each ward on a separate piece of paper in a container and drawing one each out of the container until six were drawn). Systematic random sampling technique was employed in selection of the houses and subjects that met inclusion criteria. Excluded from the study were women aged less than 40 years, women of age 40 years and above who were frail or bedridden and women of age greater than 40 years but still menstruating.

The respondents were interviewed with the aid of a semi-structured questionnaire. The questionnaire was translated to other language and used for respondents who do not understand English language. The questionnaire contained relevant information on the respondents, expectation, source of information, knowledge and adjustment behavior towards menopause.

All collected data were, collated, checked manually for errors and then entered for analysis using EPI-INFO Version 6.4 computer-software package. Data analysis was done to produce frequency distribution tables and means.

Results

Forty three (23.90%) of the respondents had idea of what to expect at menopausal period for while 42 (40.00%) of the respondents had no idea, 56 (36.10%) were uncertain. (Figure 1)

The commonest sources of information on menopause were friends 153 (38.63%), relatives 111 (28.03%), while 50 (12.62%) received from groups' meeting and religious home. Sources from books/newspapers/magazines/mass media was 28 (7.07%), and health workers 38 (9.60%) were the least. (Table 1)

About one-fifth of the respondents study 70 (19.55%), had the correct knowledge on the meaning of menopause. (Table 2)

The knowledge on definition of final menstrual period (FMP) was low, only 81 (22.62%), of the respondents appropriately defined correctly final menstrual period (FMP). (Table 3) Of the respondents 158 (44.13%) perceived menopause as the cause of final cessation of menstruation, while most of the other respondents mentioned illness 30 (8.38%), supernatural attack 37 (10.34%), and 127 (35.47%) had no idea. (Table 4)

Less than half (46.65%), of the respondents were positively disposed towards menopause as seen in table 5.

The mean scores of the respondents' adjustment behavior towards menopause were first rank-ordered on the basis of selected sociodemographic variables such as age, educational status, marital status, ethnic groups and religious affiliations. (Table 6)

There was a significant difference between the adjustment behavior of women towards menopause based on their educational qualifications. The mean scores revealed that those who had tertiary education

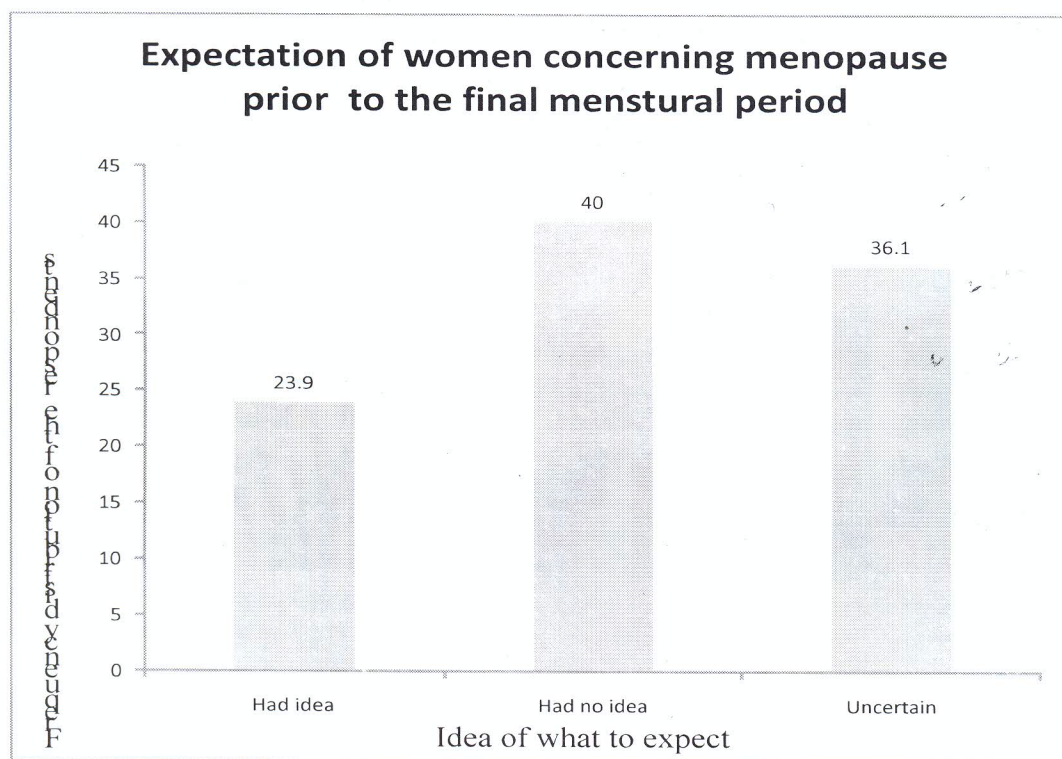


Table 1: Sources Of Information Concerning Menopause Among The Respondents*

Sources of Information	Freq.(%)
Friends	153 (38.63)
Relatives	111 (28.03)
Health workers	38 (9.60)
Books/ Print media	28 (7.07)
Group meetings/Religious Home	50 (12.62)
Others	16 (4.04)
Total	396 (100.0)

* Multiple responses

Table 2: Respondents' understanding of menopause

Meaning of Menopause	Freq.(%)
Correct	70 (19.55)
Not correct	105 (29.33)
Don't know	183 (51.12)
Total	358 (100.00)

Table 3: Respondents' Knowledge Of Definition Of Final Menstrual Period (FMP)

Consecutive Period of amenorrhea	Freq.(%)
6 months	38 (10.62)
9 months	90 (25.13)
12 months	81 (22.62)
2 years	100 (27.93)
3 years	49 (13.70)
Total	358 (100)

TABLE 4: PERCEIVED CAUSE OF FINAL MENSTRUAL PERIOD

Perceived cause of Final menstrual period

Had no idea	127 (35.47)
Illness	30 (8.38)
Menopause	158 (44.13)
Supernatural attack	37 (10.34)
Others	6 (1.68)
Total	358 (100)

P value $\chi^2=75.06$ df=4 p value= 0.0000001

Table 5: Respondents' Attitude Towards Menopause

Attitude towards Menopause	Freq.(%)
Positive	167 (46.65)
Negative	191 (53.35)
Total	358 (100.00)

p value for pre/post $\chi^2=65.89$ df=1 p value= 0.0000001 $\chi^2=0.09$ df=1 p value 0.342595

Table 6: Rank-Ordered Mean Score of Respondents' Adjustment Behaviors Towards Menopause (ABTM)

Sociodemographic variable	Group (values of ABTM in mean score and Rankings)	
Age (in years)		
40-49	22.55 $\pm$ 2.0	4 th
50-59	25.15 $\pm$ 1.6	2 nd
60-69	24.73 $\pm$ 3.7	3 rd
70 and above	26.36 $\pm$ 4.0	1 st
Religion		
Christianity	25.45 $\pm$ 0.7	1 st
Islam	22.00 $\pm$ 2.8	2 nd
Education Status		
None	21.83 $\pm$ 1.9	4 ^t
Primary	22.52 $\pm$ 4.3	3 rd
Secondary	23.00 $\pm$ 2.5	2 nd
Post sec.	25.43 $\pm$ 3.8	1 st
Tribe		
Yoruba	26.50 $\pm$ 2.5	1 st
Ibo	26.00 $\pm$ 2.7	2 nd
Hausa	25.00 $\pm$ 2.7	3 rd

were more positive with mean score of 25.43. Menopausal women with secondary education followed. However, respondents with no formal education had the lowest mean negative attitudinal score 21.8.

Discussion

This study found that majority of the respondents had no idea or were uncertain about what would happen at menopausal stage. Only 23.1% had idea of what they are likely to go through at menopause (Fig. 1). This

finding is similar to what obtained in other parts of the world.² It thus shows that there is a need for a mid-aged woman to ask herself how she is going to live her life in her forties and above in order to make opportunities for the new phase of life.

The commonest sources of information on menopause were friends and relatives (family members). Information from family members, friends, and group meetings may have no scientific basis and more often than not are mere speculations passed from one generation to another. This led to formation of attitude and adoption of adjustment behavior practices that are harmful to the well being of the menopausal women as recoded in the survey. It is therefore important that such sources of information be discouraged through the provision of evidence based information that will promote health and prevent diseases.

Due to the scarcity and high cost of newspapers, books and magazines containing information on menopause taking into consideration the literate level of the respondents are reasons why these were cited by less than one-third of the respondents. It is pertinent to note that health workers as a source of information on menopause accounted for minority. (Table 1)

"While knowledge is not synonymous with adjustment practice it is equivalent to understanding and hence it is a prerequisite to adjustment practice as it influences behaviour, which is a learned disposition towards an object or issue".⁶ Analysis of data indicated low level of correct knowledge among the respondents with regard to the meaning of menopause and correct knowledge of definition of final menstrual period (FMP). On the average this was 105 (Table 2). This notwithstanding, many have misconceptions or are ignorant on why their menstruation stopped. For instance, multiple responses given on the perceived cause of final menstrual period showed that 30 (8.38%) and 37 (10.34%) attributed it to illness and supernatural attack respectively. Many 63 (35.4%) had no clue as to why menstruation stopped menstruating. Overall, there was a corresponding poor knowledge of the meaning of menopause, definition and cause of final menstrual period. Similar poor knowledge of menopause was reported in other parts of Nigeria^{2,13,14} and elsewhere.^{1,2,3} The low level of knowledge, definition and perceived cause of final menstrual period displayed in this study was as a result of misconception about menopause and lack of health education since majority of the respondents indicated that their major source of information about menopause were relations, friends,

religious home and group meetings (Table 1). Such sources are not factual; otherwise cessation of menstruation in one's life would not have been attributed to supernatural attack, Illness e.t.c (Table 4). Similar misconceptions on menopause were reported in several previous studies.^{17,18}

Adjustment behavior reflects our likes and dislikes and often come from personal experiences or those of close associates. Attitude either attracts one to things or makes one wary of them. Behaviour is a tendency to accept or not to accept. Other factors like education, knowledge and belief etc influenced it.⁶ Menopause is a necessary part of the process of getting older for women. While a little less than half of the respondents said to reached the stage of menopause, that is accept the reality and inevitability of menopausal changes with a mature and positive mind. This finding seems to contradict other studies^{19,10} which found that women, especially the middle-aged and the older ones were positive in their attitudes towards menopause. It is also not in support of the notion that negative adjustment behavior towards menopause is least among women who were favorably disposed towards getting older.¹⁵ Their positive attitude might be a case of beggars having no choice, an attitude that made them view menopausal stage as a fact of life which had to come at its right time and as opportunity for them to meet their religious obligations more regularly and fully as reported in other study¹⁶. But it seems to support the findings of Patterson¹⁷ and Hunter⁹ that women are generally negative in their adjustment behavior towards menopause.

Women's adjustment behavior towards menopause was compared on the basis of their age group. The mean score for younger women was found to be lower than that for older women. This could be because older women are more advanced in transitional experience than mid-life women (40-59 years) and as such are more optimistic about this transition. This supports Giwa Osagie's¹⁹ assertions that younger women detest the onset of menopause because it is seen as a sign of growing old and loss of youthfulness.

Significant difference exists in the adjustment behavior of sampled menopausal women on the basis of educational status. This finding showed that the educational status of women affected their attitude towards menopause. Findings indicate that education has an influence on women's attitude to menopause with the more highly educated women having more positive adjustment behavior towards menopause. This could be as a result of liberating influence of higher

education on their attitude to femininity. Their increased level of education also helped them to be advanced in things that have to do with human development. This finding also supports Odu's²⁰ who affirmed that when confronted with a new situation, it is better to face it with as much information as possible, and that with more education the pains, fright and other cultural concepts can be transformed.

The result showed that significant difference existed in adjustment behavior towards menopause across the ethnic groups Yoruba, Ibo and Hausa. This finding corroborates a previous study⁸⁷, which affirmed that individuals learn culture becomes way of life with advancement in age. A culture that promotes menopause will promote positive adjustment behavior in menopausal women. That is, cultural supports to menopause have a great and positive influence on the menopausal women.

Conclusions and Recommendations

The study shows that there is inadequate knowledge on menopause among the respondents with more than half of the respondents had negative adjustment behavior towards menopause this also mixed feelings about religious obligation and cohabitation during menopausal period.

There is need for continuous evidenced based health education on menopause by health workers and the mass media, not only for mid-age women but for other members of the society who would consequently be more emphatic toward their wives, mothers, sisters, aunts and friends through the life change.

In a related strategy to enhance women's knowledge, and adjustment behavior towards menopause health workers in health facilities should establish well – women – clinics and social support networks for women over 40 years to meet regularly to discuss their health problems. In this way, women share each other's experiences while being advised by medical personnel.

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