

Menopause-Related Problems of Women in Kwara State, Nigeria.

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Abstract

Menopause is a profound change in the lives of women as it takes them to the next stage of their non-reproductive life. The main objective of this study is to investigate the menopause-related problems of menopausal women in Kwara State, Nigeria. The researchers thus investigated whether or not there was a significant difference in the menopause-related problems of menopausal women in Kwara State on the bases of age and highest educational attainment. Descriptive survey research procedure was adopted for the study. The Multistage sampling technique was used to draw a sample of 466 respondents. The instrument for data collection was the Menopause-related Problems Questionnaire (MPQ). Research questions were raised while research hypotheses formulated were tested. The data collected were analysed through the use of frequency counts, percentages, t-test and Analysis of Variance (ANOVA) at 0.05 level of significance. The findings revealed that there was a significant difference in the menopause-related problems experienced by menopausal women in Kwara State on the bases of age and highest educational attainment. It was therefore recommended among others that in order to bring about meaningful family wellbeing, married people and other stakeholders should be sensitized by marital counsellors on the nature of menopause and its related problems through accurate education.

Keywords: Menopause-related problems, women and Nigeria.

Introduction

Menopause is an obvious change in the process of transition as a woman leaves the reproductive stage of her life. As menopause sets in, it often coincides with other stressful circumstances in a woman's life, such as caring for the parents, seeing children grow up and leaving home. Matthews (1990) noted that such stress might cause physical and emotional disturbances, anxiety and depression, which might require guidance and counselling services.

Menopause is referred to as nature's original contraceptive. However, menstruation may be unpredictable for some time towards the beginning of menopause. So, it is a good idea to wait a full year after what seems to be the last period before giving up contraceptives (Planned Parenthood Federation of America, 2003). Any other sexual problems that do arise during these years are less frequently physical in origin but psychological. Other

sources of sexual problem in post-menopausal women may be due to restricting social attitudes, the absence of a sexual partner or even lack of knowledge about the changes in her body. These changes often come about gradually and differently for each woman.

Types of Menopause

Oyebanre (2002) mentioned four major types of menopause. They are: premature menopause, artificial menopause, radiation menopause and natural menopause.

Premature Menopause: Spontaneous cessation of menses before age 40 is called premature menopause or premature ovarian failure. Premature menopause may follow surgery such as hysterectomy when the ovaries may be removed along with the womb, or may occur early even if the ovaries are left intact at the time of hysterectomy. Disease processes, especially severe infections or tumors of the reproductive tract, can occasionally damage the ovaries to the point that they precipitate menopause.

Artificial Menopause: Artificial menopause is the permanent cessation of ovarian function brought about by surgical removal of the ovaries (Oyebanre, 2002). Artificial menopause is employed as a treatment for endometriosis. Artificial menopause may be the effect of treatment of intra-abdominal disease, as when ovaries are removed in premenopausal women because the glands have been damaged by infection or neoplasia.

Radiation Menopause: Radiation menopause is caused by exposure of the ovaries to heavy gamma radiation. Menopause can also be induced by inserting radium into the uterus. This result in the destruction of the endometrium and also depresses ovarian function (Oyebanre, 2002).

Natural Menopause: Natural menopause is initiated by the normal cessation of ovarian function in human females on reaching the appropriate age of 45 years. Reeder (1980) explained the cause of natural menopause as the cessation of ovarian activities, that is, estrogen production and ovulation. WHO (2006) defined natural menopause as at least 12 consecutive months of amenorrhea not due to surgery.

Association for Reproduction and Family Health (2006) classified menopause into three stages. They are: pre-menopause, peri-menopause and post-menopause.

Pre-menopause: is the stage before menopause. It occurs between the ages of about 40 and 50 years. At this stage, the menstrual period becomes irregular occurring once every two or three months. This period is not safe to have unprotected intercourse if pregnancy is not desired.

Peri-menopause: is the stage during menopause. It occurs between the ages of 45 and 50. The menstrual period at this stage may stop completely. This is the stage from the beginning of menopausal symptoms to the post-menopause stage. Unprotected sexual intercourse is still unadvisable as pregnancy can still occur; this is the transitory period to menopause and can last up to 4 or 5 years or even more (Oluyole, 1990).

Post-menopause: is also known as after menopause stage. It occurs at about the age of 50 years or above when the menstrual periods have stopped. It is the time following the last period, and is usually defined as more than 12 consecutive months without menstruation in someone with intact ovaries, or immediately following surgery if the ovaries have

been removed. At this stage, it becomes certain that a woman is really menopausal. But unprotected intercourse is unwise until 12–18 months after the last period. Delano(1990) explained that menopause in some women could be depressing while others could welcome the change as a natural phenomenon in their lives.

Features and Problems of Menopause

Menopause is a natural part of life that all women who live long pass through, some with more difficulty than the others. In the western world about 12 % of women do not experience symptoms and about 14% experience intense physical and emotional problems (Manja & Corinna, 2006).

Anxiety, difficulty in concentrating, overreacting to minor upsets, irritability, forgetfulness and mood swings are typical psychological problems associated with menopause. The experience of menopause differs among women, depending on differences in diet and nutrition, general health care and even how women are taught to think about menopause. Not all women experience the symptoms of menopause in the same way or manner, thus, it has been suggested that all physical symptoms should be discussed with health care provider to rule out potential causes other than approaching menopause. For example, a number of years before menopause, some women may notice scanty and irregular menses without illness or pregnancy, while other women may notice longer menstruation periods, heavier menstrual flow, spotting or irregularity. Also, studies indicate that many cases of depressions relate more to circumstances than to menopause itself (Manja & Corinna, 2006).

According to Fonda (1984), hot flashes are sudden, intense sensations of body heat with no immediate apparent cause. They are the feverish, “common cold” of menopause that usually produce sweating and are sometimes followed by chills. They are often, but not always accompanied by a flush. They may not occur less abruptly, coming on more like the allover warmth of a general sweat. She goes further to say that 75 percent of all women who go through menopause will experience hot flashes in some form. Fonda also maintained that these sensations may be mild to some women while other women may experience severe sensations. Usually a feeling of heat will begin in the upper body and travel further upward to the neck and head perhaps to the scalp, the ears, the cheeks, or may be the entire face. But hot flashes can begin at any point in the body and may spread down and up and may not spread at all.

Dizziness and palpitation are commonly associated with hot flashes of the menopause. They are brought on by low level hormones with the blood stream. They are more often seen in a person who is naturally nervous. Calm women may be troubled with dizziness during this period (Clayton & Lewis, 1985).

Vaginal dryness is noted to be a symptom which is not so common, but some menopausal women complain of it. Vaginal dryness is mainly a problem when coitus is attempted only occasionally. According to Jones (1984), women who have sexual intercourse regularly are less likely to complain of vaginal dryness than women who only have sex at long intervals. The more often a woman has sexual intercourse, the less likely is she to complain of vaginal dryness.

In Nigeria, many women are faced with the problems of menopause ranging from mild to severe ones. According to Fonda and Delory (1984), a lot of women have been known to show a negative attitude towards menopause. Most women are faced with the problem of hot flushes, memory loss, fatigue, aches and pains, insomnia e.t.c. It appears however that study in Nigeria has paid little or no attention to these problems.

There have been research studies on the incidence of menopause by Novak(1953), Benjamin(1960); Freese(1971); Flint(1975)and Falade (1992). Most of these studies were foreign based and the work were done long time ago. Most of these studies on menopause had focused on attitude of people towards menopause. They include; Attitudes of menopausal Nigerian Women towards menopause by Oyebanre (2002) and Olatunji (2007) who looked into the problems associated with menopause as perceived by middle-aged women in Osogbo Metropolis.

The previous researches mentioned above focused on attitudes of menopausal Nigerian women, problems associated with menopause using a case study of Ilorin and Osogbo metropolis respectively. An encompassing study is however, needed to be carried out on the menopause-related problems in Kwara State using variables such as age and highest educational attainment to find out the differences in menopause-related problems of menopausal women with a more robust sample size and scope of respondents in Kwara State being one of the gateways between the Northern and Southern parts of Nigeria.

Research Questions

The following research questions were raised based on the statement of the problem:

1. What are the menopause-related problems experienced by menopausal women in Kwara State?
2. Are there differences in the menopause-related problems experienced by menopausal women in Kwara State on the bases of age and highest educational attainment?

Hypotheses

Ho1: There is no significant difference in menopause-related problems experienced by menopausal women in Kwara State on the basis of age.

Ho2: There is no significant difference in menopause-related problems experienced by menopausal women in Kwara State on the basis of highest educational attainment.

Methodology

The researchers adopted the descriptive survey design. Descriptive survey provides an opportunity for the researcher to present information about the characteristics within a particular field of study with the purpose of providing a picture of situations, as they naturally exist (Burns & Grove, 1995). Olayiwola (2007) noted that descriptive research is concerned with the collection and analysis of data for the purpose of describing, evaluating or comparing current event or prevailing practices. The population for the study comprised all literate menopausal women in Kwara State while the target

population consisted of four hundred and sixty-six thousand, six hundred and sixty-six (466,666) people (NPC, 2006). The researchers employed multi-stage sampling procedure to select the respondents.

There are three senatorial districts in Kwara State therefore at stage 1, purposive sampling procedure was used to select the three senatorial districts in Kwara State viz; Kwara Central, Kwara North and Kwara South were selected so as to ensure almost equal access to the respondents. At stage 2, Purposive sampling technique was also used to select menopausal women in Kwara State from schools, offices, markets, religious and academic institutions.

At stage 3, the proportional stratified sampling technique was chosen to select four hundred and sixty six (466) respondents from the three Senatorial Districts in Kwara State. Respondents were proportionally selected from each Senatorial District viz Kwara Central (208), Kwara North (123) and Kwara South (135) to make a total of four hundred and sixty six respondents (466). A proportional stratified sampling according to James (2010) provides the researcher the opportunity to select respondents at random from the subgroup in proportion to the size of the group in the total population. The variables of interest to the researchers were age and highest educational attainment.

Instrumentation

For the purpose of this study, the researchers developed a questionnaire tagged "Menopause-related Problems Questionnaire" (MPQ) which was used for data collection. The questionnaire comprises two (2) sections; A and B. Section A focuses on the demographic data of the respondents which include information on age and highest educational attainment. Section B contains fifteen (15) items which seek to elicit information on the menopause-related problems of menopausal women. The respondents responded to the items using: Very Often (VO), Often (O), Rarely (R) and Not at All (NA).

Validity

In order to ascertain the validity of the instrument, the draft of the questionnaire was given to four lecturers in the Department of Counsellor Education, University of Ilorin for vetting and advice. Sequel to their suggestions, necessary amendments were made.

Reliability

The reliability of the instrument was ascertained by using the test re-test reliability method. The instrument was administered to a group of twenty (20) literate menopausal women in Ilorin, who do not form part of the respondents for the study and after an interval of four weeks; the same instrument was re-administered to the same group of people. The two sets of scores were correlated using the Pearson Product Moment Correlation Co-efficient formula. The correlation co-efficient obtained was 0.62 at 0.05 alpha level of significance. Based on this, the instrument was adjudged reliable for the study.

Procedure for Instrument Administration and Data Collection

The researchers administered the instrument on the selected respondents with the help of trained research assistants. The questionnaire was collected back immediately. The personal involvement of the researchers according to Best (1981), is necessary because of the advantage of establishing rapport between the researcher and the respondents and the opportunity of explaining items that might not be so clear to the participants. Section A which consists of two items dealing with demographic data were scored and analysed statistically using frequency count and percentages with no point assigned to the items. Section B with 15 items on menopause-related problems was scored using the four points Likert-type rating scale format of:

Very Often (VO) = 4 points; Often (O) = 3 points; Rarely (R) = 2 points and Not at All (NA) = 1 point. The highest score any respondent could obtain in section B consisting of 15 items was 60 (i.e. 4×15) while the lowest score was 15 (i.e. 1×15). Therefore, the range was 45 (60-15). The midpoint was 22.5 or 23 (45/2). The cut-off point was 60-23 or 15+23 which in either case is 37.5 or 38. Those respondents who obtained 38-60 were considered to have shown intense menopause-related problems while respondents who obtained below 38 were considered to have mild menopause-related problems.

Data Analysis

The data obtained were analysed using percentages, mean and standard deviation as well as rank order for the descriptive data while t-test and Analysis Of Variance (ANOVA) statistical analysis were used to test the null hypotheses generated.

RESULTS

Table 1: Distribution of Respondents by Age and Highest Educational Attainment.

No.	Variables		Frequency	Percentage (%)
1	Age	50-54 years	297	63.7
		55-59 years	169	36.3
		Total	466	100.0
2	Highest Educ. Attainment	Primary	66	14.2
		Secondary	221	47.4
		Post		
		Secondary	179	38.4
		Total	466	100.0

Table 1 indicates that 297 (63.7%) of the respondents were between the ages of 50-54 years while 169 (36.3%) were between the ages of 55-59 years. The table further reveals that 66(14.2%) have primary school education only, 221 (47.4%) have secondary school education only while 179 (38.4%) have post-secondary school education.

Table 2: Rank Order Analysis of Menopause-Related Problems experienced by Menopausal Women in Kwara State

Item no	Menopausal women experience:	MEAN	RANK
13	hot flashes/flushes	3.54	1 st
1	Depression	3.51	2 nd
8	mood swings	3.51	2 nd
9	vaginal dryness	3.51	2 nd
14	profuse sweating	3.50	5 th
7	easily tired compared to pre-menopausal period	2.81	6 th
3	Forgetfulness	2.76	7 th
12	dizziness once in a while	2.71	8 th
5	sleepless nights	2.55	9 th
4	Nervousness	2.50	10 th
6	some sensations all over the body as if ants are	2.43	11 th
15	pains at the top of one's abdomen	2.35	12 th
11	Constipation	2.18	13 th
2	Anxiety	2.03	14 th
10	painful sexual intercourse	1.81	15 th

Table 2 shows the ranking of the items contained in the questionnaire on menopause-related problems experienced by menopausal women. Items 13, 1 and 8 were ranked as top three items. Item 13 which states that "Menopausal women experience hot flashes/flushes" was ranked first with a mean score of 3.54. Item 1 which states that "Menopausal women experience depression" was ranked second with a mean score of 3.51. Item 8 which states that "Menopausal women experience mood swings" was ranked third with a mean score of 3.51. However, items 11, 2, and 10 were ranked as the least three. Item 11 which state that "Menopausal women experience constipation" was ranked 13th with a mean score of 2.18. Item 2 which state that "Menopausal women experience anxiety" was ranked 14th with a mean score of 2.03 while Item 10 which states that "Menopausal women experience painful sexual intercourse" was ranked 15th with a mean score of 1.81.

Table 3: Means, Standard Deviation and t-value of Respondents' on Menopause-related problems on the Basis of Age

Age	No	Mean	Standard Deviation	Df	Calculated t-value	Critical t-value
50-54	297	40.80	6.08	464	-4.19*	1.96
55-59	169	43.23	5.92			

*= Significant, $p < 0.05$ alpha level

Table 3 shows the results obtained from analysis of the data which indicates the calculated t-value of 4.19 was greater than the critical t-value of 1.96 at the 0.05 level of significance. Thus, on the the basis of this result, the null hypothesis which states that there is no significant difference in the menopause-related problems experienced by menopausal women in kwara State on the basis of age was rejected.

Table 4: Analysis of Variance (ANOVA) on Menopause-related Problems experienced by Respondents on the Basis of Highest Educational Attainment

Sources of Variance	Sum of Squares	df	Mean Squares	Calculated F-ratio	Critical F-ratio
Between Groups	708.03	2	354.01	9.79*	3.00
Within Groups	16728.96	463	36.13		
Total	17436.99	465			

*= Significant, $p < 0.05$ alpha level

Table 4 shows that results obtained from analysis of the data, i.e. the calculated F-ratio of 9.79 was greater than the critical F-ratio of 3.00 at the 0.05 level of significance. On the basis of this result, the null hypothesis which states that there is no significant difference in the menopause-related problems experienced by menopausal women in kwara State on the basis of highest educational attainment was rejected.

Table 5: Duncan Multiple Range Test (DMRT) comparing the means of Menopause-related problems experienced by Respondents on the Basis of Highest Educational Attainment.

	Mean	N	Group	Educational Attainment
A	41.67	66	1	Primary
B	42.88	221	2	Secondary
C	40.21	179	1	Post-Secondary

Table 5 shows the Duncan Multiple Range Test (DMRT) result used to determine which of the groups' mean(s) led to the significant difference noted in the ANOVA results on table 5. The DMRT result indicates that group 2 with a mean score of 42.88 differed significantly from group 1 with mean scores of 41.67 and 40.21 respectively. Hence, the significant difference noted in the ANOVA results on table 5 was as a result of the fact that groups 1 and 2 differed from each another significantly. Thus, hypothesis two was rejected.

Discussion

The analysis of Section B of the questionnaire revealed the Menopause-related problems of menopausal women to be hot flashes/flushes. For instance, table 2 shows that out of all the items in section "B" item 13 which states that "Menopausal women experience hot flashes/flushes" was ranked first (1st) with a mean score of 3.54. This finding agrees with the findings of previous studies such as Olawoye, Olarinde and Adeeribigbe (1998) that the commonest menopausal related problem were hot flashes and flushes. Item 1 which states that "Menopausal women experience depression" was ranked second with a mean score of 3.51. This finding is in conformity with the observations of Jones(1984)and Arnold(1990) that psychological symptoms for menopause may include depression.

Table 3 shows the result of **Means, Standard Deviation, and t-value of respondents on menopause-related problems on the basis of age.** The hypothesis stated that there is no significant difference in the menopause-related problems experienced by menopausal women in Kwara State on the basis of age. The hypothesis was tested using t-test and the result of data analysis showed that a cal. t-value of 4.19 which is greater than the crit. t-value of 1.96. Therefore, it was concluded that there was a significant difference in the menopause-related problems experienced by menopausal women in Kwara State on the basis of age. This means that respondents have different experience of the menopause-related problems. The result of this finding is in line with the view of Patterson and Lynch (1988) that Women in middle-aged face variety of challenges, these challenges include the physiological and psychological incidents associated with menopause. The result of the finding may be as a result of the fact that menopause symptoms occur at later age of life among women hence; younger menopausal women may not have experienced much menopausal problems as the older ones.

The second hypothesis stated that there is no significant difference in the menopause-related problems experienced by menopausal women in Kwara State on the basis of highest educational attainment. The hypothesis was tested using ANOVA and the result of the data analysis showed a cal. f-ratio of 9.79 which is greater than the crit. f-ratio of 3.00. Therefore, the result of the findings indicated that the hypothesis formulated was rejected. This means that women of different educational attainment differ in their experience of menopause-related problems. The finding also supports the views of previous researchers such as Oyebanre (2002) who found that less educated menopausal women shows negative attitude towards menopause than well-educated women and thus finds it difficult to adjust when faced with menopause-related problems.

Conclusion

On the basis of the findings, the following conclusions were drawn:

- Age makes for significant difference in the menopause-related problems of menopausal women in Kwara State.
- Educational attainments make for significant difference in the menopause-related problems of menopausal women in Kwara State.
- The greatest menopause-related problem experienced by menopausal women in Kwara State was hot flashes/flushes.

Recommendations

Based on the result of the findings and all that has been discussed in this study, it was recommended that enlightenment programme for women (especially those with lesser educational attainment) on issues of menopause should be given optimum priority. Since menopause is a stage of life for every woman who live long enough to witness it, government, Counsellors and other stakeholders need to lay more emphasis on the enlightenment programme for uneducated women on issues related to reproductive health and menopause.

It is recommended also that members of the society should also be enlightened about menopause so that they can be more aware of menopause and its related problems so as to be empathic towards these women in their menopausal stage such as their wives, mothers, sisters, aunts, friends and co-workers as they go through this life changes. In so doing menopausal women will enjoy greater social support.

Marital Counsellors really need to be equipped with information relating to menopause. More attention should be focused on multicultural counselling practices such that, Counsellors will be familiar with different cultural values and beliefs (especially as it relate to menopause) and thus become well informed about different taboos and cultural beliefs about menopause.

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