



PSYCHOLOGICAL EXPERIENCES AND ADAPTATION STRATEGIES BY MENOPAUSAL WOMEN IN A RURAL COMMUNITY IN ANAMBRA STATE NIGERIA.

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Abstract: Menopause is a period of natural physiologic adaptation which occurs in women when their finite numbers of ovarian follicles are depleted due to decreased levels of reproductive hormones. Menopause is a natural transition all women experience and may present with mild or no obvious disturbances in some women. Others may undergo severe and unbearable health and psychological challenges that may require medical intervention. This descriptive survey aimed at determining the psychological and health challenges experienced and the adaptation strategies utilized by menopausal women in a rural community in Anambra state Nigeria. Using the stratified random sampling technique a total of 112 women within the age range of 45-55 years were selected to participate in the research. A pre-tested self- developed questionnaire was utilized to elicit responses from the respondents using the snowball technique. The data collected were organized and analyzed using frequencies and percentages for the research questions and chi square for testing the hypotheses at 0.05 level of significant. The result show that almost all 109 (99.1%) of the respondents experience menstrual irregularities, 75(68.2%) experience sleeping problems or insomnia, 68 (61.8%) reported hot flushes and other problems. Majority 66 (60.0%) of the respondents buy drugs from patent medicine shops to treat their symptoms, 27 (24.5%) cope by modifying their lifestyle while only few 12 (10.9%) seek proper management from health professionals. There is need for women to be educated prior to this period and health workers should communicate, counsel, support and empower middle-aged women through this period of transition.

Introduction: Menopause is an important milestone in a woman's life and it brings a woman acutely face to face with the reality of

aging (Soules, 2009). As stated by Zieve, (2010), menopause is the transitional period in a woman's life when her ovaries stop producing eggs, her body produces less oestrogen and progesterone and menstruation becomes less frequent, eventually stopping altogether. The menopausal transition begins with a variation in menstrual cycle length and ends after a woman has experienced twelve months without menstrual bleeding. The exact age of

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Received on: March 2015

Accepted after revision: March 2015

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menopause varies from population to population but generally, the spread is from 40 to 50 years. According to Bowde and Williams (2008), menopause is not a disease or a disorder, but the transition itself is associated with lot of challenges which may have physiological, psychological and socio-cultural effects. Owing to the lack of oestrogen, women in menopausal transition commonly report a variety of symptoms such as hot flushes, night sweats, mucosal dryness, fatigue, insomnia, depression, emotional fluctuations, reduced sexual drive etc. (Bennet & Brown, 2013). Besides the hormonal changes, many other factors such as psychological, sociological and lifestyle factors affect how women perceive their menopause. Derek and Lievallyn (2008), stated that the ability of women to successfully go through the menopausal period and live satisfactorily afterwards depend on their level of knowledge of menopause and the adoption of appropriate strategies to cope with it.

In a study conducted in Niger Delta region by Jack-Ide, Emelifeonwu and Adika (2014), it was reported that women experience various psychological challenges: 77 (64.2%) expressed feeling of sadness and 68 (56.7%) felt easily irritated. Health challenges were hot flushes, night sweats, fatigue, low libido, dizziness, weight gain and irregular menstrual periods. However, in another study by Ande, Omu, and Olagbuji (2011), it was reported that menopause was considered a normal event by 97.4% of the women while 2.6 % believed it was a disease condition. None of the women studied revealed any serious maladjustment to the events of menopause. Research examining cross-cultural symptoms suggest that menopausal experiences vary among societies and groups. For example, in a study by Nkwo and Onah (2008) on the positive attitude to menopause and improved quality of life among Igbo women Nigeria, it was found that some societal privileges enjoyed by menopausal women in some communities tend to modulate the expression of menopausal symptoms but they do not eliminate them.

From the foregoing, it is unclear whether reported menopausal differences among ethnicities relate to variations in occurrence, perception and or reporting of symptoms.

But the key issue is acceptance of the inevitability of the aging process. Acceptance can lead to more positive feelings about self and to a high level of satisfaction with one's life circumstances (Velasco, 2012). Women can therefore be guided to begin to think of midlife as a time for reevaluation, not crisis. The problems related to menopause have received little attention especially in this part of the world. In view of this, the researchers looked into the psychological and health challenges experienced and the adaptation strategies utilized by menopausal women in a rural community in Anambra state Nigeria.

It is hoped that the result of this study will enlighten women with the knowledge of menopause and the strategies to cope with it. The findings of this research will also serve as a guide to the women's health in old age as their perception toward menopause would change and they would simply accept it as a transition of life.

Methods and Materials

The descriptive survey design was used to obtain demographic information relating to the respondents and their responses to the questionnaire. The research work was conducted in Alor community in Idemili North Local Government Area of Anambra State. The population of the study consists of all women within the age group of 45-55 years plus in the community. Using the stratified random sampling technique a total of 112 women within the age range of 45-55 years were selected to participate in the research study. The objectives of the study were explained to the participants and confidentiality was assured and informed consent received from them before they were included in the study. A pre-tested self-developed questionnaire was utilized to elicit information aimed at meeting the criteria and purpose of the study. The validity of the instrument was ascertained from the information gathered from literatures that met the study criteria and the questionnaire suitability and applicability for the study gave credibility of the instrument. The reliability of the instrument was determined through a test-retest method involving carrying out a pilot study using fifteen questionnaire in a nearby

community (Uke) of the same local government area. Ambiguous items were discarded while newly facts were included. The questionnaires were distributed by the use of purposive and snowball technique in which first contact was made with two women (45-55 years) in each village and then they were asked to identify other women of the same age group. The questionnaire was administered face to face to all respondents and retrieved immediately by the researches. The questionnaire was designed to collect and obtain quantitative data and analysis was done using descriptive statistics. Categorical variables were expressed as frequencies and percentages, while continuous variables as means and chi square for testing of

hypothesis. All statistical analysis were done using statistical package for social science (SPSS) version 17.

Ethical consideration

A written letter was sent to the Traditional ruler (Igwe) requesting permission to conduct the study. Theresearchers were invited for an interactive meeting with the President General, Igwe in council and community leaders. Thereafter approval was given by the traditional ruler to conduct the study. Informed consent was obtained after the purpose of the study was explained to the participants and confidentiality was assured before issuing the questionnaire.

Results

Table 1. Showing the demographic data of respondents.

Variable	Frequency (f)	Percentage (%)
Age		
45-47	42	38.2
48-50	29	28.4
51-53	12	10.9
54 and above	17	24.5
Marital status		
Single	5	4.5
Married	71	64.5
Divorced/separated	11	10.1
Widowed	23	20.9
Level of education		
No formal education	17	15.5
Primary education	51	46.3
Secondary education	28	25.5
Tertiary education	14	12.7

Table 1 shows that a good number 42 (38.2%) of the respondents are within the age group of 45-47 years while 12 (10.9%) are within the age of 51-53 years, 29 (26.4%) are within 48-50 years while 27 (24.5%) belong to the age group of 54-55 years. The table also reveals that most of the respondents 71 (64.5%) are married. Only 5 (4.5%) of them are single, 11 (10.1%) are

divorced or separated from their spouses while 23 (20.9%) of the respondents are widows.

It can also be seen from the table that 17 (15.5%) of the respondents did not receive any formal education. A good number 51 (46.5%) attended primary school while 28 (25.5%) stopped at secondary school level. Only 14 (12.9%) of the respondents attended tertiary institutions.

Table 2: Showing the major symptoms of menopause as experienced by the women.

Menstrual irregularities or cessation	109	99.1%
Hot flashes	68	61.8%
Night sweat	34	30.9%
Sleeping problems/insomnia	75	68.2%
Decreased interest in sex/reduced response to sexual stimulation	47	42.7%
Vaginal dryness/painful sexual intercourse	52	47.3%
Frequency of micturition	46	41.8%
Palpitation	35	31.8%
Mood swing	37	33.6%
Forgetfulness	44	40.0%

Table 2 shows that almost all 109 (99.1%) of the respondents experience menstrual irregularities/cessation. Majority 75 (68.2%) experience sleeping problems/insomnia, 68 (61.8%) reported hot flushes. Other problems reported by the respondents include vaginal dryness or painful sexual intercourse 52 (47.3%), decreased interest in sex/reduced sexual stimulation 47 (42.7%), bladder irritability 46 (41.8%) and palpitation 35

(31.8%). Some women also reported psychological problems like forgetfulness or short term loss of memory 44 (40.0%), moodswing 37 (33.6%).

Apart from the symptoms listed in the data collecting instrument, other symptoms reported by the respondents include: fatigue 40 (36.4%), joint pains 69 (62.7%), headache 35 (31.8%), backache 47 (42.7%) and decreased vision 27 (24.5%).

Table 3. Showing strategies used by the women in the management of menopausal symptoms.

Not disturbed about it	35	31.8%
Modification of lifestyle	27	24.5%
Visit to drugstore for symptomatic treatment	66	60.0%
Visit hospital for proper medical management	12	10.9%
Seek divine intervention (prayer)	13	11.8%
Take Hormone Replacement Therapy (HRT)	2	1.8%
Use herbal preparation	8	7.3%

The data represented above shows that majority 66 (60.0%) of the respondents buy drugs from patent medical shops to treat the symptoms; 27 (24.5%) cope by modifying their lifestyle. Few 12 (10.9%) seek proper management from

health professionals while 13 (11.8%) seek divine intervention through prayers. 8(7.3%) use herbal preparations to alleviate their symptoms and only 2 (1.8%) use hormone replacement therapy (HRT). 35(31.8%) are not

disturbed about the symptoms they experience and so do nothing about it.

Discussions

The result showed that the majority of the rural women studied had poor knowledge about menopause and management of symptoms. The result of this study shows that the major and commonest physical change is menstrual irregularities or cessation as reported by 99.1% of the respondents. This finding is in line with the statement of Choi (2011) that the first and the easiest indication of the beginning of menopause is the irregularity in the menstrual cycle and for some women, the menstruation stops abruptly while for others, it may be irregular cycles.

The study revealed other physical problems like sleeping problems/insomnia (68.2%); hot flushes (61.8%); joint pains (62.7%); vaginal dryness/painful sexual intercourse (47.3%); decreased interest in sex/reduced response to sexual stimulation (42.7%); fatigue (36.4%); night sweat (30.9%); headache (31.8%); backache (42.7%) and other psychological symptoms like forgetfulness (40.0%) and mood swing (33.6%). The findings are similar to those of Ande *et al.* (2011) which when referring to the problems women face during menopause stated that all women in the sample reported some other difficulties like backache (100%); uneasiness (89%); short wave of sensation (87%); menstrual irregularities/cessation (100%); short term memory loss (54%); decreased sleep (88%); profuse perspiration (86%); decreased vision and mood swing (74%). These problems vary from one woman to the other. While some barely notice these changes, others severely experience these symptoms. Thus, it becomes clear that woman undergoing menopause seem to be affected more by the extent of problems faced.

Menopausal health education is again implied here. Women should be taught about what to expect during menopause so as to get ready for all it earlier before they get to menopausal age/period. The result of the study to an extent conforms to those from other related studies indicating a positive perception of menopause as a natural function. One of these studies was reported by Davis (2009) that 79.4% of the

respondents (Italian-Canadian women) perceived menopause in traditional term and as a natural process. However, the positive perception of the women that menopause is a natural process is related to the cessation of monthly periods.

The findings further revealed that 86.4% of the women who are experiencing menopausal symptoms felt they are aging while majority 73.6% viewed menopause as the end of sexual activities. These finding is supported by the finding that 61.8% of them feel they are no longer attractive. The result of the study is in line with similar study carried out among Nigerian women by Adekunle, Fawole and Okunlola (2010) which reported that the majority of women 95.5% viewed menopause as a physiological process of aging while most of the women 71.1% indicated that sexual activities ended with menopause.

This is a negative perception of menopause and can be related to the African culture where menopausal women are regarded to have fulfilled their duties as mothers and wives and are thereby sexually inactive. Sexual intercourse is mainly for procreation hence once a woman can no longer bear children (as in menopause), sexual activities end. It is worth noting that some of the women 35.4% still knew menopause as a disease condition that requires intervention while some 62.7% agreed that menopause relieves them from the fear of pregnancy and stress of menstruation 65.4% and this is similar to the findings of Choi (2011) which reported that 74.8% of the respondents agreed that there is relief from the risk of becoming pregnant during menopause.

The findings all boil down to intensive health education on menopause and its effects to every woman emphasizing that there is every reason to enjoy life to the fullest during the menopausal stage, as this will help to prolong life expectancy. Women should be taught that menopause is not a disease itself, but may predispose a woman to certain disease like carcinomas, osteoporosis etc due to hormonal changes (Winterich, 2009). In summary, there are both positive and negative perceptions of menopause. From the researchers point of view,

the perception is generally poor, hence the need for health education and counselling.

Implication of the Study

The findings of this has implications for research, practice and education. There is a strong need for education on menopausal health and this requires combined efforts of health care professionals and the media to increase the knowledge of women and empower them with information they need to scale through menopause successfully and remain healthy afterwards.

Conclusion

The menopausal transition phase is a normal part of aging. Women during menopause experience psychological problems ranging from depression, anxiety, irritability and social isolation. Therefore, reassurance, care, support, counselling and health education are important during this period to prevent serious medical and mental health issues associated with menopausal transition thereby improving quality of life.

Recommendation

Based on these findings, the researchers recommend intensive public health campaign by health care professionals to increase the awareness of the public about menopause so as to increase their support for women in their menopausal period and more, to provide women with the knowledge they need to enable them cope with menopausal challenges successfully.

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