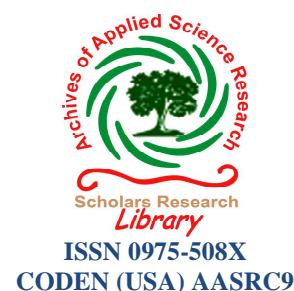




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### Impact of knowledge and awareness on the ability to cope with menopause among bodija market women in Ibadan Oyo State, Nigeria

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#### ABSTRACT

*This descriptive cross-sectional study examined the impact of knowledge and awareness regarding coping with menopause among Bodija market women in Ibadan, Oyo state, Nigeria. It was conducted in the purposively selected centrally located Bodija market, in Ibadan North local government area of the state. The study population consisted of women of pre-menopausal and menopausal age from 40 to 60 years and above. The simple random sampling technique was employed in selecting 800 market stalls from which 500 respondents were also randomly selected. A pretested semi-structured questionnaire with a reliability coefficient of 0.79 was used to collect data which were thereafter retrieved, sorted out and analysed using descriptive statistics, percentages and Analysis of Variance (ANOVA). Out of the 500 questionnaires administered, 400 were found suitable for analysis. Of the 400 respondents 25.4% were within ages 40 and 50 years, 48.5% between 51 and 60 years and 26.1% were 61 years or more. Among them 81% were married, 7% widowed and 12% divorced. Also, 9.4% were holders of Grade II teachers certificate, 11.3% were secondary school certificate holders, 15.1% read up to primary six level while the remaining 64.2% had no formal education. The five hypotheses raised were all accepted based on the result of Analysis of Variance. It was therefore concluded that women of premenopausal, perimenopausal and menopausal age need to be enlightened on strategies required to cope with menopausal age, and that with good, reliable and appropriate information coupled with a lot of reassurance, menopause can be managed, such that those concerned can continue to live a normal life at menopause.*

**Keywords:** Market women, strategies, coping with menopause, women of pre-menopausal and menopausal age.

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## INTRODUCTION

Menopause has been defined as the period during which menstruation permanently ceases. It marks the natural biological end of reproduction [1]. It has been described as that time in a woman's life when she has her last menstrual period. It is the end of a woman's reproductive life occurring between the ages of 50 and 55 years with an average being 51 years [2]. Perimenopause includes the 4 to 5 years surrounding menopause, during which oestrogen production declines, and the menses permanently cease due to loss of ovarian function. It extends for 1 year after the final menstrual period and at this point, a woman is said to be postmenopausal. A woman who gets to menopause at 40 years of age is said to have premature menopause or premature ovarian failure. This period of a woman's life corresponds with the middle age or what theorists refer to as middle adulthood, occurring as a result of exhaustion of all responsive ova and subsequent hormonal changes in the body. Menopause is recognized also as a time of decreased hormonal production with associated problems that tend to reduce the quality of life for many women.

Within the menopausal age is the period of regression of ovarian function called the climacteric stage. The decline of ovarian function occurs gradually and the cessation of menstruation is only a facet of the climacteric stage.

As a result of hormonal changes there occur harmful or deleterious changes which are physical, physiological, psychological and sexual. These changes in the hormonal balance also affect target cells in the body leading to an increase in general body dysfunction, ranging from atrophic changes of the pelvic organs to calcium loss in the bone tissues and failure of the skin to produce collagen. Women react to these menopausal changes in different ways. While some approach menopause relaxed and undisturbed, some are full of fears and anxieties. Some view menopause as a period of normal physiological and emotional changes while others view it as an abnormal condition which brings about problems and ill health. The second category of women is full of negative feelings that so much occupy their minds they cannot see anything good about menopause.

In some women sexual interest is not decreased, some have changes in libido while others show increased interest in sexual intercourse probably because they no more have the fear of being pregnant.

The demographic characteristics of the world population of menopausal and postmenopausal women have been studied [3], with the following findings:

- ◇ Menopause marks the time of dramatic hormonal and social change for women.
- ◇ Using age 50 years as proxy for menopause, about 25 million women pass through menopause each year.
- ◇ In 1990, there were 467 million post menopausal women in the world.
- ◇ It is postulated that by the year 2030, the world population of menopausal and post menopausal women will be 1.2 billion.
- ◇ Menopause has been classified into 4 types depending on the parameter or criteria used

[4]. These include:

- Natural menopause
- Premature menopause
- Artificial menopause and
- Radiation menopause

Natural menopause is that which is not induced by externalized means, but occurs as a result of natural changes in the organs responsible for oestrogen production. Premature menopause occurs before the age of 40 years. The cause is usually hormonal imbalance or surgical intervention or even natural occurrence. Artificial menopause is that which is caused by deliberate removal of any organ that directly affects the menstrual process, while radiation menopause is caused by the use of radium, which circulates in the uterus.

Menopause has been tagged badly by many people because they feel that the effects are entirely bad. However, it has been pointed out that menopause is not only associated with bad effects, but that it has some good effects also [4]. The bad effects arise from the symptoms of menopause while the good effects have sociological origin.

The bad effects are classified into:

- ❖ Short term effects
- ❖ Intermediate effects and
- ❖ Long term effects

This classification is based on Amaranth Trust's classification. Short term effects are those effects that begin before, at the time of or just after the last menstrual period. These usually last for 2 to 5 years or more. Intermediate effects are those that begin after the last menstrual period, and the long term effects are those that start after the last menstrual period and are continuous. All these effects or problems worsen with time.

About 85 percent of menopausal women experience hot flushes (flashes) but at least 50 percent of them are not seriously disturbed by the hot flushes. Hot flushes are very distressing, occurring at frequent intervals of between 30-40 minutes or at least 15 times in a day. They are usually associated with sweating, dizziness and palpitations. Often the flush is preceded by a stage of aura with the woman awakened in the midnight by sweating and her sleep being disturbed, leading to insomnia, tiredness and irritability [2]. Some women might complain of confusion, loss of memory, lethargy and inability to cope. These symptoms are those classified as short term effects or problems. Other symptoms such as poor concentration, anxiety and loss of self-esteem may be present.

The intermediate effects or problems are vaginal dryness, genito-urinary infection, skin-thinning, joint aches and pains and urinary incontinence. The long term effects include heart disease, osteoporosis, metabolic disease and high blood pressure. The commonest of these problems is osteoporosis, which is a bone condition that develops as a result of low calcium level in the body. The bones become fragile and prone to break easily [5].

Osteoporosis is the cause of shrinking in the height of some women and the reason for stooping in older women. This is due to a gradual collapse of the bones in the spine and this usually causes backache. Those symptoms which were almost certain usually result from oestrogen deficiency and are divided into two namely:

An early group which includes:

- ◇ Hot flushes
- ◇ Sweats
- ◇ Atrophic Vaginitis and

A late group with conditions related to long term metabolic effects of oestrogen deficiency such as:

- ◇ Osteoporosis
- ◇ Heart diseases and
- ◇ Metabolic disease

It was also suggested that symptoms of menopausal syndrome should be considered in three groups according to their aetiology.

The first group is made up of those symptoms related to socio-cultural factors, the second group consists of symptoms related to hormonal changes and in the third group are those symptoms connected with psychological factors which are dependent on the women's personality. Due to decreased oestrogen level, there is tendency for depression in some women. Some women are prone to mood swings prior to their menstrual periods while some suffer deprivation as a result of night sweats [1]. It has also been said that menopausal women usually experience great relief when they reach post menopausal period, and their oestrogen level stabilizes, and that the severity and type of symptoms experienced vary considerably from one woman to another, even among those who are blood relations. This is due to the fact that hormonal levels differ from woman to woman and decline at varying rates [6].

It was further stressed that menopause coincides with other stressful circumstances in a woman's life such as:

- Caring for aged parents
- Seeing children grow up and leave home
- Entering the work force as is the case in developed countries and
- Mid-life adjustments.

These stresses are responsible for physical and emotional symptoms, which include:

- Memory loss
- Attention deficits
- Anxiety
- Irritability and
- Depression.

One good effect however, is that menopausal period is a time couples are no more willing to have children, and since there is no more fear of pregnancy, they relax to enjoy their sexual life. This time is viewed by matured, healthy women as a period of sexual vitality [4].

Menopause can be managed in such a way that menopausal women will enjoy their lives as when they were young. The strategies involved are both therapeutic and psychological, and while the therapeutic management is taken up medically, the psychological management is addressed by the counselor.

It has been pointed out [7], that the use of oestrogen by post-menopausal women helps in retaining more teeth, and though the effects of menopausal symptoms can be alleviated by oestrogen therapy, in order to maintain tissue tone and prevent the occurrence of urinary incontinence, it is advisable for postmenopausal women to perform pelvic exercises. A contrary opinion however, suggested that menopause should be seen as an opportunity for conscious changes in a woman's body and not a disease to be treated [8].

In working with women experiencing menopause, the counselor should be aware of the anxiety state confronting his clients. The counselor is therefore expected to use potent skills to initiate and maintain a cordial relationship. The skills needed at this time include rapport, listening, acceptance, and reassurance. To use these skills successfully, he must be knowledgeable in the self-coping strategies the women of menopausal age can adopt to assist themselves.

This study seeks to examine the impact knowledge and awareness as regards coping with menopause among the study population

## **MATERIALS AND METHODS**

This is a descriptive cross-sectional study carried out to assess the impact of knowledge and awareness as regards coping with menopause, among Bodija market women in Ibadan. It was conducted in the purposively selected Bodija market, located in the centre of the town in Ibadan North local government area of Oyo state, Nigeria. The study population consisted of women of pre-menopausal and menopausal age from 40 to 60 years and above. The simple random sampling technique was employed in selecting 800 market stalls from which 500 respondents were also randomly selected. A pretested, semi-structured questionnaire with a reliability coefficient of 0.79 was used to collect relevant information for the study. A consent form was provided for signature/thumb-printing by each subject, and only those who agreed to sign the consent form after due explanation were selected for the study. Research assistants were recruited and trained to help in administering the questionnaires which were thereafter collected, sorted out and analysed using descriptive statistics, percentages and Analysis of Variance (ANOVA).

## **RESULTS**

### **Socio-Demographic characteristics of respondents**

Out of the 500 questionnaires administered, 400 were found suitable for analysis. Of the 400 respondents 25.4% were within ages 40 and 50 years, 48.5% between 51 and 60 years and 26.1%

were 61 years and above., 81% were married, 7% widowed and 12% divorced. Among them, 9.4% were holders of Grade II teachers certificate, 11.3% were secondary school certificate holders, 15.1% read up to primary six level while the remaining 64.2% had no formal education. Also, 56.2% of them were Muslims, 39.8% were Christians while the remainder were idol worshippers

### Hypotheses

**I.** Knowledge of the concept of menopause will help women to understand that menopause is a normal developmental process.

**II.** Increased awareness of the hormonal changes and subsequent physical, physiological and sexual changes in the body will prepare women for menopause.

**III.** When women are enlightened about menopause they will enjoy their sexual life and keep their homes.

**IV.** Women who are taught ways of managing their menopausal age will cope very well with menopause.

**V.** Understanding husbands will help women to cope well with menopause.

### Analysis of Responses

#### Hypothesis I:

**H<sub>1</sub>:** Knowledge of the concept of menopause will help women to understand that menopause is a normal developmental process.

**H<sub>0</sub>:** Knowledge of the concept of menopause will not help women to understand that menopause is a normal developmental process.

This hypothesis was tested by analysing questions 1,2,3,4 and 5 using Analysis of Variance.

**Table 1 Response on Knowledge of the concept of menopause using analysis of variance**

Source of Variance	Degree of Freedom d.f	Sum of Square SS	Means of square Ms	F- Ratio
Treatment	4	112,377.2	MSTr=28094.3	$\frac{28092.3}{28.94}$
Error	20	578.8	MSE=28.94	
Total	24	112,956		=970.7

$$Test = F_{4, 20} (0.05) = 1.0, F_{calculated} = 970.7$$

$970.7 > 1.0$ , that is, F calculated is greater than F tabulated. Therefore H<sub>0</sub> is rejected and H<sub>1</sub> is accepted. That is, knowledge of the concept of menopause will help women to understand that menopause is a normal development process.

#### Hypothesis II:

**H<sub>1</sub>:** Increased awareness of the hormonal changes and subsequent physical, psychological, physiological and sexual changes in the body will prepare women for menopause

**H<sub>0</sub>:** Increased awareness of the hormonal changes and subsequent physical, psychological, physiological and sexual changes in the body will not prepare women for menopause

In testing this Hypothesis, questions 2, 13, 14, 15 and 16 were analyzed using analysis of variance.

Table 2: Responses of increased awareness of hormonal variations using Analysis of Variance

Source of Variance	Degree of Freedom d.f	Sum of Square SS	Means of square Ms	F –Ratio
Treatment	4	131663.68	32915.52	<u>32915.5</u>
Error	25	284546.99	11381.9	11381.9
Total	29	416210.67		=2.89

$$Test = F_{4, 25} (0.05) = 2.76, F \text{ calculated} = 2.89$$

2.89 > 2.76, that is F calculated is greater than F tabulated. Therefore  $H_0$  is rejected and  $H_1$  is accepted. This means that increased awareness of the hormonal changes and subsequent physical, physiological and sexual changes in the body will prepare women for menopause.

### Hypothesis III:

**H<sub>1</sub>:** When women are enlightened about menopause, they will enjoy their sexual life and keep their homes.

**H<sub>0</sub>:** When women are enlightened about menopause, they will not enjoy their sexual life and keep their homes.

In testing the Hypothesis, questions 3,8,9,10 and 11a were analyzed using Analysis of Variance.

Table3: Response on women being enlightened about Menopause using ANOVA

Source of Variance	Degree of Freedom d.f	Sum of Square SS	Means of square Ms	F –Ratio
Treatment	4	35,794	8,948.6	<u>8.948.6</u>
Error	20	15554	777.7	777.7
Total	24	51348		11.5

$$Test = F_{4, 20} (0.05) = 2.87; F \text{ calculated} = 11.5$$

11.5 > 2.87. That is F calculated is greater than F tabulated. Therefore  $H_0$  is rejected and  $H_1$  is accepted. Hence it is true that when women are enlightened about menopause, they will enjoy their sexual life and keep their homes.

### Hypothesis IV:

**H<sub>1</sub>:** Women who are taught ways of managing their menopausal age will cope very well with menopause.

**H<sub>0</sub>:** Women who are taught ways of managing their menopausal age will not cope very well with menopause.

In testing this hypothesis, questions 5, 17 and 18 were analyzed using Analysis of Variance.

Table 4 Responses on women taught ways of coping with menopause using ANOVA

Source of Variance	Degree of Freedom d.f	Sum of Square SS	Means of square Ms	F –Ratio
Treatment	4	49139.3	11284.8	<u>12284.8</u> 178.07
Error	10	1780.7	178.07	
Total	14	50920		=68.989

$$Test = F \text{ tabulated} = 3.48$$



F calculated = 68.989;  $68.989 > 3.48$ . Thus F calculated is greater than F tabulated.  $H_0$  is rejected while  $H_1$  is accepted. Therefore it is obvious that women who are taught ways of managing their menopausal age will cope well with menopause.

#### Hypothesis V:

$H_1$ : Understanding husbands will help women to cope well with menopause.

$H_0$ : Understanding husbands will not help women to cope well with menopause. In testing this hypothesis questions 8, 9 and 10 are analyzed using analysis of variance.

**Table 5 Responses on Understanding husbands on menopause using ANOVA**

Source of Variance	Degree of Freedom d.f	Sum of Square SS	Means of square Ms	F Ratio
Treatment	4	17,419.3	4354.8	4354.8
Error	10	3,594.7	359.47	359.47
Total	14	21,014		=12.12

$$Test = F_{4, 10} (0.05) = 3.48$$

F calculated = 12.12;  $12.12 > 3.48$ . That is F calculated is greater than F tabulated.  $H_0$  is rejected and  $H_1$  is accepted.

Thus, the hypothesis that understanding husbands will help women to cope well with menopause is accepted.

## DISCUSSION

Menopause is recognized as a time of decreased hormonal production with associated problems that tend to reduce the quality of life for many women. As a result of these hormonal variations, there occur harmful or deleterious changes which are physical, physiological, psychological and sexual. Women react to these menopausal changes in different ways with some approaching menopause relaxed and undisturbed, while some are full of fears and anxieties. Those that are well informed view menopause as a period of normal physiological and emotional changes, while some view it as an abnormal condition which brings about problems and ill health.

Table 1 testifies to the fact that knowledge of the concept of menopause will help women to understand that menopause is a normal developmental process. The result of the test indicated that F calculated is greater than F tabulated ( $F_c > F_t$ ), therefore  $H_0$  is rejected and  $H_1$  is accepted. Analysing hypothesis II as shown in Table 2 on awareness of hormonal variations and subsequent physical, physiological, psychological and sexual changes in the body, it was shown that "Increased awareness of hormonal variations and subsequent physical, physiological, psychological and sexual changes in the body will prepare women for menopause." As a woman passes her late 30s, the level of oestrogen and progesterone start to decline gradually or erratically and egg release may no longer occur with every cycle. Menopause occurs as a result of changes in hormonal levels. These changes in hormonal levels lead to the physiological, physical, psychological and sexual changes that occur in the body like hot flushes, sweat, atrophic vaginitis, osteoporosis, heart disease and metabolic disease. Reassurance and reliable information are prime requirements of women in pre-menopausal, peri-menopausal and post-



menopausal period. Once a woman knows what to expect and what to do when she needs help, the stress is reduced [9].

The third hypothesis considered enjoying sexual life at menopause. Result of analysis in Table 3 proved that when women are enlightened about menopause, they will enjoy their sexual life and keep their homes. Menopause should be a time for sexual relaxation and enjoyment, since the couple no longer desire children [10]. The researcher stressed that a mature, healthy woman will view menopause as a period of sexual vitality, if she is aware of those strategies needed to cope with vaginal dryness, which may be a cause of pain during sexual intercourse. If the menopausal woman is taught these strategies, she will not be afraid of her sexual life.

In Table 4 where the fourth hypothesis which deals with ways of coping with menopause was analysed, the test proved that women who are taught ways of managing their menopausal age will cope very well with menopause. Findings from a previous research work revealed that self-coping strategies are the goal of counselors in order to assist women to help themselves in future and not depend on counseling all the time [10]. Counselors in the medical setting are expected to teach their clients self-coping strategies, especially on the problems of menopause.

The fifth hypothesis considered the role the husbands' understanding plays in coping well with menopause. Analysis in Table 5 confirmed the fact that "Women can cope well with menopause if they have understanding husbands". This fact is supported by Ugwuegbulam when explaining the strategies for self-coping on vaginal dryness. She rightly suggested that in order to restore sexual enjoyment, the husband must be carried along and that he should not behave like a dog. Instead he should initiate actual love making through appropriate "Sexual set induction" [4].

## CONCLUSION

The findings in this study have been able to prove to a reasonable extent that women of premenopausal, perimenopausal and menopausal age need to be enlightened on strategies needed to cope with menopausal age, and that with good, reliable and appropriate information coupled with a lot of reassurance, menopause can be managed, such that those concerned can continue to live a normal life at menopause.

Based on our findings, the following recommendations are hereby made.  
That:

- Women should be well prepared for menopause by being educated on what menopause is all about.
- Husbands or men generally should be well informed about menopause, highlighting the stressful circumstances women go through, and the need for their husbands' understanding and support.
- There should be mass media information dissemination to enlighten women on menopausal symptoms and effects.
- Students in both secondary and tertiary institutions should be given lectures on menopause so as to prepare their minds from their youthful days.

- All health institutions should organise and routinely carry out enlightenment programmes for the pre-menopausal, peri-menopausal, menopausal and post-menopausal women.

## REFERENCES

- [1] M. K. Burke, E. L. Mohn-Brown and L. Eby (2011): MSNursing 3<sup>rd</sup> edition, Pearson Education, Inc., Upper Saddle River, New Jersey 07458, Pg. 827
- [2] B.R. Wren (1992), "The menopause." Essentials of Obstetrics and Gynecology, Philadelphia, London, Tokyo, W.B. Saunders Company.
- [3] Hill, K (1996), *Maturitas*. 23 (2); 113 – 27.
- [4] Ugwuegbulam, C.N. (1996), "Attending menopausal problems of women: Implications for family counseling." Paper presented at the 8<sup>th</sup> annual conference at the Association for promoting quality education in Nigeria, held at Kaduna Polytechnic.
- [5] Camden and Islington (1996); *Menopause*, A guide for women in their middle years; London, College Hill press.
- [6] Sheeshy (1995), "Gaining a better understanding about menopause," Aweke. New York U.S.A., Watch tower BIT society.
- [7] Yemini M. Birkenfeld, N.G. Kase and A Birkenfeld (1999): *Menopause* 6 (2); 129 – 33.
- [8] S. S. Weed (1999), *Journal of Nurse – Midwifery* 44 (3): 267 – 79.
- [9] Cobb J.O. (1998), *Patient Education and counseling* 33 (3):281 – 8.
- [10] Ugwuegbulam, C.N. (1998), "Self coping strategies for women of menopausal age: Implications for counselors in medical setting." *The counselor*, 16 (1).

## APPENDIX

# A QUESTIONNAIRE ON IMPACT OF KNOWLEDGE AND AWARENESS REGARDING COPING WITH MENOPAUSE AMONG BODIJA MARKET WOMEN IN IBADAN OYO STATE, NIGERIA

Dear Respondent,

This questionnaire is an attempt to gather important information about the **impact of knowledge and awareness regarding coping with menopause among Bodija market women, Ibadan.**

As the main intention behind the survey is **not to identify** any **individual's** response, but **group** responses,

YOU SHOULD NOT WRITE YOUR NAME anywhere on the questionnaire. As seen on this first page, at the top left-hand section, a **CODE NUMBER** is provided for each individual; this is to conceal any individual's identity.

Your participation in this study is very important as it would help the researcher to better understand the health behaviour process, particularly menopause awareness among market women of the Bodija market. There are no **right** or **wrong** answers to the questions asked or the statements made; instead, what is desired of you is your **truthful** and **honest** responses.

The time needed to complete the questionnaire is approximately 10 minutes. Please note that the completion of this questionnaire is entirely **voluntary**. All information gathered as a result of your participating in this study will be treated with utmost confidentiality. Your willingness to complete the questionnaire implies you have given consent to participate. Thank you for cooperating.

## SECTION A: DEMOGRAPHIC CHARACTERISTICS

**Instruction:** Please, tick as appropriate (✓)

1.1 **Actual age in years** (last birthday): years.

1.2 **Marital status:** Single ( ) Married ( ) Divorced ( ) Separated ( )

1.3 **Religion:** Christian ( ) Muslim ( ) Traditional ( )

1.4 **Educational level:** Primary ( ) Secondary ( ) Teachers Training College ( ) Tertiary ( ) No formal education ( )

1.5 **Occupation:** Trading ( ) Business woman ( )

Other (please specify)

## SECTION B

Read the following statement carefully and Mark 'x' under the columns provided depending on your feelings:

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	Menopause is a normal phenomenon.					
2	Some physiological, physical and psychological changes are bound to occur.					

3	Women's knowledge deficit about menopause is the reason for misconceptions about it.					
4	Menopause is a physiological sign indicating that a woman is ageing.					
5	Women who are well informed about menopause get into it without any fear.					
6	Women react to menopausal changes differently, some women relax; others are tensed and full of fears. In my own case I was relaxed.					
7	In my own case, I was disturbed and felt death was near.					
8	My sexual urge was decreased at menopause.					
9	My decreased sexual urge was further decreased at menopause.					
10	My husband understands what I am passing through and bears with me.					
11	My sexual urge has improved with menopause because I have no fear of pregnancy.					
12	My sexual urge is not different from what it used to be.					
13	When I got into menopause I experienced some of the following symptoms: (a) Hot flushes (b) Depression (c) Sleeplessness (d) Vaginal itching (e) Aching joints					
14	I have seen my doctor for treatment because the symptoms are distressing.					
15	I am currently on oestrogen replacement therapy.					
16	Not many women need oestrogen replacement therapy.					
17	I need somebody to tell me all about menopause.					
18	I need to be taught strategies to cope with menopause.					