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Attitude and knowledge of women between 45 and 65 years on menopause syndrome at the university college hospital, Ibadan, Nigeria

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Min Han¹, Yuan Cheng^{2,3}, Grace A. Ige⁴, Olufola O. Ige^{4*}

Department of Obstetrics and Gynecology. Mianyang Central Hospital Mianyang, Sichuan, China¹; Hospital of Chengdu University of Traditional Chinese Medicine, China²; Traditional Chinese Medicine Hospital of Sichuan Province, China³; University College Hospital, Ibadan, Nigeria⁴

*For Correspondence: Email: olufolaige@gmail.com, olu.ige@uch-ibadan.org.ng

Abstract

This research was designed to find out the attitude and knowledge of women between 45 and 65 years on menopause syndrome and its management. The study was conducted in University College Hospital located in Ibadan North Local Government of Oyo state. A self-designed forced-choice questionnaire was distributed to 100 women using random sampling technique. Furthermore, our study showed that most women view the onset of menopause positively and that few seek treatment. They report relatively low prevalence of menopausal symptoms, with the most significant being irregular menstrual cycles and increased blood pressure and urinary tract infections. Furthermore, our study revealed that 41% of the participants had no idea why their menstrual period stopped, while why 60% of the women had no idea what could be done to reduce menopausal symptoms. This study reveals a low level of awareness about menopausal syndrome and more should be done. (*Afr J Reprod Health 2022; 26[5]: 57-62*).

Keywords: Menopause, women's health, menstrual health

Résumé

Cette recherche a été conçue pour connaître l'attitude et les connaissances des femmes entre 45 et 65 ans sur le syndrome de la ménopause et sa prise en charge. L'étude a été menée à l'University College Hospital situé dans le gouvernement local d'Ibadan North dans l'État d'Oyo. Un questionnaire à choix forcé auto-conçu a été distribué à 100 femmes en utilisant une technique d'échantillonnage aléatoire. De plus, notre étude a montré que la plupart des femmes perçoivent positivement le début de la ménopause et que peu se font soigner. Ils signalent une prévalence relativement faible des symptômes de la ménopause, les plus importants étant des cycles menstruels irréguliers et une augmentation de la pression artérielle et des infections des voies urinaires. De plus, notre étude a révélé que 41 % des participantes n'avaient aucune idée de la raison pour laquelle leurs menstruations s'étaient arrêtées, tandis que 60 % des femmes n'avaient aucune idée de ce qui pouvait être fait pour réduire les symptômes de la ménopause. Cette étude révèle un faible niveau de sensibilisation au syndrome de la ménopause et davantage devrait être fait. (*Afr J Reprod Health 2022; 26[5]: 57-62*).

Mots-clés: Ménopause, santé des femmes, santé menstruelle

Introduction

There are more women encroaching the menopausal age in Sub-Saharan Africa. Therefore menopause and its related problems are of major public health and clinical concern¹. This is not surprising as the average life expectancy is increasing. By the late 2020s, an estimated 76% of postmenopausal women globally will be living in developing countries². Symptoms in perimenopausal women vary among women in

different countries. This is due to a strong influence by social, cultural and economic settings¹. The data on the age of menopause in Sub-Saharan Africa is scanty, In Nigerians women, the age at menopause was found to be 48.4 years³. The mean age at menopause of Nigerians have also been reported to be to be 49.36 ± 5.0 years and 52.8 years, respectively^{1,4}. This similar in comparison with age at menopause of globally which puts the age range of menopause onset at 42–51 years with a mean average of 46.7 years⁵.

The cessation of menstrual bleeding signals a transition from the reproductive to the nonreproductive stage in women. The midlife years of 45–65 coincide with menopausal transition, and studies of middle-aged women suggest that they are highly symptomatic^{6,7}. Researchers have tried to identify the hormonal changes related symptoms underlying menopause that are caused by aging, psychosocial factors, lifestyle or other health states⁸. Associations of disease incidence with menstrual status suggest that the lifetime risks of these diseases vary with age at menopause, a fact which has broadened interest in identifying factors associated with age at menopause⁹.

Peri- and post-menopausal women experience a wide range of symptoms, and modifications including physical, psychological, social, and spiritual adaptation directly affect and are crucial for health improvement. Many middle-aged women worry about losing their womanhood and attractiveness after menopause and may suffer from the physical symptoms of menopause¹⁰. Additionally, peri-menopausal women sometimes experience a perceived sense of worthlessness after their maternal roles diminish as their children grow and become independent¹⁰. Women facing such changes can lead a more fulfilling life by embracing age-related biological changes as opportunities for inner maturity¹¹. Postmenopausal women experience various problems and difficulty in adapting to climacteric changes and these have direct effects on their health and psychological adaptations.

It is important for women to be aware that the physical, mental, social and psychological changes which occur during menopause help with greater readiness manage menopause¹². One major way to achieve this is through health education. Women may need to be educated on the symptoms and effects of menopause as such information can help them adapt better to its challenges. This is crucial for health improvement as many women are blindsided by the issues associated with menopause and the experience can be devastating. Only few studies have been performed in Nigeria to investigate women's knowledge and attitude toward menopause³. Policies and programs related to

women's health promotion majorly address pregnancy and family planning, while less efforts are geared towards providing perimenopausal support¹². Analysis of the knowledge, attitudes and behavior of women towards menopause is key¹³. Therefore, this study aimed to fill this gap in knowledge¹⁴⁻¹⁵. More available information will help with better public health policies and clinical programs to help women going through this phase. We investigated the attitude and knowledge of 45 to 65-year-old women at University College Hospital, Ibadan, Nigeria about menopausal syndrome. Our goal is to support and promote the overall health of perimenopausal women.

Methods

Study data were obtained from questionnaires administered at University College Hospital, (UCH) in Ibadan North Local Government Area, Nigeria.

Data collection

The self-designed forced-choice questionnaire was pre-tested. It was drafted in English language which is the official language of Nigeria. It was designed to capture: 1). Socio-demographic data, 2). Self-reported menopausal experience and, 3). Knowledge about the management of menopausal symptoms.

Study population included 100 randomly selected women between 45 to 65 years. The participants were recruited in-person for the study. This was done by moving across various buildings in the institution. A sampling method of choosing every other woman was used but only women who agreed to participate and fall within age criteria were finally included. They were approached independently and were requested to complete a prepared questionnaire on their experiences of menopause. The subjects were assured of strict confidentiality of information provided. The questionnaire was interviewer-administered to those who were not able to read or write. Each questionnaire was administered until 100 participants were recruited

Data analysis

The data obtained were described using descriptive statistics and analyzed using Microsoft Excel software. All findings were presented in tables. Interpretations were made and inference drawn from the data collected.

Results

Table 1 shows that 26 (26%) of respondent fall between the age group 41 – 45. 28 (28%) between 46 – 50, 16 (16.0%) between 51 – 55 years, 26 (26%) between 56 – 60 years and 4 (4.0%) between 61 – 65 years. More of the respondents (74%) were Christians while the rest were Muslims. More than four-fifths (84%) are married, 8% widowed, 6% divorced and 2% single. In the 98 respondents that are not single, 74% experienced monogamy while the relationship of 24% are of the polygamous type. The education profile of the respondents showed that 8% of the respondents had no formal education, 4% had primary education, 10% secondary education, 66% had a bachelor's degree or its equivalent. 6% had higher degrees and 6% other levels of education.

Table 2 shows that majority of the respondent (72%) were between the ages 13 – 15 years when they started menstruating, 8% between 10 – 12 years, and 20% 16 – 18 years. It also showed that 22% of the respondent had menstrual duration of 2 – 3 days, 64% 3 – 5 days 11 % 5 – 7 days and 3% more than 7 days. Just over half of the women (57%) thought that menopause was the cause when their menstrual period stopped, 41% had no idea while 2% thought they were ill. More than four-fifths of the women were excited about menopause, 10% were indifferent and the rest were unhappy.

In Table 3, it was revealed that the most commonly experienced changes are irregular menstrual cycle of which 72% of the respondent had mild experience and 8% had serious experience. There were women who reported increase in blood pressure of which 32% of the respondent had mild experience and 2% had serious experience, urinary tract infection of which 24% of the respondent had mild experience and 6% had

Table 1: Socio-demographic data

Factor	Variables	Frequency (%)	
Age	41 – 45	26 (26)	
	46 – 50	28 (28)	
	51 – 55	16 (16)	
	56 – 60	26 (16)	
	61 – 65	4 (4)	
	total	100 (100)	
Religion	Christianity	74 (74)	
	Islam	26 (26)	
	total	100 (100)	
Level of Education	No formal education	8 (8)	
	Primary	4 (4)	
	Secondary	10 (10)	
	HND/BSc	66 (10)	
	MSC/PhD	6 (6)	
	Others	6 (6)	
	Total	100 (100)	
	Marital Status	Married	84 (84)
		Single	2 (2)
		Divorced	6 (6)
Widowed		8 (8)	
total		100 (100)	
Type of family	Married	84 (84)	
	Single	2 (2)	
	Divorced	6 (6)	
	Widowed	8 (8)	
	Total	100 (100)	
	Occupation	Civil servant	68 (68)
Lecturer		4 (4)	
Trader		8 (8)	
Housewife		14 (14)	
Others		6 (6)	
Total		100 (100)	

serious experience vagina dryness of which 22% had serious experience, headache of which 20% of the respondent had mild experience and 2% had serious experience

The least common experience symptoms are lack of concentration of which only 2% of the respondent had mild experience. Some women also experienced pain in passing urine, 2% of had mild experience and 6 6% had serious experience. Some experienced Irritability of which only 2 (2%) of the respondents had mild experience.

Table 4 reveals that 66% of the respondent agree that coitus was normal after menopause while the rest did not agree. About one-third of the women (32%) immediately sought medical treatment or counseling when menses stopped and 68(68%) did not seek medical assistance. All the respondents

Table 2: Knowledge and history of menstruation and menstrual cycle

Questions	Variables	Frequency (%)
How old were you when you started menstruation?	10 – 12 years	8 (8)
	13 – 15 years	72 (72)
	16 – 18 years	20 (20)
	Total	100 (100)
What is the duration of menstrual blood flow in a menstrual cycle?	2 – 3 days	22 (22)
	3 – 5 days	64 (22)
	5 – 7 days	11 (11)
	More than 7 days	3 (11)
	Total	100 (100)
When your menstrual period stopped, what did you think was wrong?	Menopause	57 (57)
	Illness	2 (2)
	Had no idea	41 (41)
	Total	100 (100)
Feeling about Menopause?	Excited	86 (86)
	Indifferent	10 (10)
	Unhappy	4 (4)
	Total	100 (100)

Table 3: Changes Experienced during menopause

Changes	No Experience (%)	Mild Experience (%)	Serious Experience (%)	No response (%)
Irregular menstrual cycle	18(18%)	72(72%)	8(8%)	2(2%)
Breast fullness / engorgement	88(88%)	10(10%)	2(2%)	0(0%)
Reduced libido	92(92%)	4(4%)	2(2%)	2(2%)
Sudden weight loss	90(90%)	6(6%)	3(3%)	1(1%)
Weight gain	86(86%)	12(12%)	2(2%)	0(0%)
Headaches	76(76%)	20(20%)	2(2%)	2(2%)
Mood swings	80(80%)	12(12%)	6(6%)	2(2%)
Hot flashes	94(94%)	2(2%)	4(4%)	0(0%)
Night sweats	64(64%)	18(18%)	12(12%)	6(6%)
Insomnia	84(84%)	14(14%)	2(2%)	0(0%)
Vagina dryness	62(62%)	22(22%)	12(12%)	4(4%)
Reduced level of concentration	96(96%)	2(2%)	2(2%)	0(0%)
Loss of memory	94(94%)	4(4%)	0(0%)	2(2%)
Increased blood pressure	62(62%)	32(32%)	2(2%)	4(4%)
Painful intercourse	90(90%)	10(10%)	0(0%)	0(0%)
Irritability	92(92%)	2(2%)	0(0%)	4(4%)
Depression	96(96%)	4(4%)	0(0%)	0(0%)
Urinary infections	68(68%)	24(24%)	6(6%)	2(2%)
Weakness / fatigue	96(96%)	4(4%)	0(0%)	0(0%)
Generalized body pain	34(34%)	12(12%)	6(6%)	48(48%)
Anxiety	46(46%)	8(8%)	2(2%)	44(44%)
Pain in passing urine	82(82%)	2(2%)	6(6%)	10(10%)
Dripping of urine when laughing/sneezing/coughing	92(92%)	4(4%)	0(0%)	4(4%)
Others	88(88%)	6(6%)	2(2%)	4(4%)

sought one form of assistance or counselling eventually. 78% from medical practitioners, 15% of the respondents had treatment or counseling from friends/relatives, 7% from their spouses only. A

little above two-thirds of the women (72%) had lifestyle adjustment treatment plan while 28% of the respondents are not aware of such. Less than a quarter (22%) of the respondents agreed that

Table 4: Attitude and knowledge about management of menopausal syndrome

Questions	Variables	Frequency (%)
Is coitus after menopause normal to you?	Yes	66 (66)
	No	44 (44)
	Total	100 (100)
When your menstruation stopped, did you immediately seek medical treatment or counselling?	Yes	32 (32)
	No	68 (32)
	Total	100 (100)
Any negative reaction to treatment?	Yes	2 (2)
	No	98 (98)
	Total	100 (100)
Any awareness of lifestyle adjustment as a treatment plan.	Yes	72 (72)
	No	28 (28)
	Total	100 (100)
	Friends/Relatives	15 (15)
Who provided the treatment or counselling take place?	Spouse	7 (7)
	Medical Practitioner	78 (78)
	Total	100 (100)
	Hormonal replacement therapy	22 (22)
	No idea	60 (60)
What can be done to reduce menopausal symptoms?	No available treatment	10 (10)
	Others	8 (8)
	Total	100 (100)

hormonal replacement therapy is to be done to reduce menopausal problem, 60% of the women had no idea, 10% agreed that there is no available treatment and 8% agreed to other reasons.

Discussion

Menopause and its associated effects have not been well investigated well enough in Nigerian women. Even in settings where research on the menopause has been ongoing, women have identified lack of reliable, accessible, and current information on the menopause and related topics as a problem¹³.

Our study looked at the attitude and knowledge of women between 45 and 65 years on menopause syndrome in a hospital in Ibadan, Nigeria. This study was carried out in a hospital; therefore, it is not surprising that majority of the participants (72%) possess a university above as the level of formal education. This has an effect on the access and utilization of information of menopause

and its symptoms. This is in agreement with the result of other studies¹⁶⁻¹⁷. It has been shown that that those who have skilled and professional occupation have better educational level¹⁶. Thus women's knowledge about menopause determined the medical advice they sought¹⁸.

More than four-fifths (86%) of participants this survey expressed a positive attitude towards the menopause with the majority of our women regarding it as a positive physiological event. The women's positive expressions are similar to the attitude reported in a group of African women¹, Chinese women¹⁹, and American women²⁰. This result is consistent with²⁰⁻²², who posit that occupation and education has a relationship with attitudes.

Our study revealed that two-third of respondents (64%) reported having a 3 to 5-day period in their menstrual cycles. It also highlighted the major menopausal changes which are irregular menstrual cycle in which 72(72%) of the respondent had mild experience and 8(8%) serious experience. Some women also experienced vaginal dryness, 22(22%) of the respondent had mild experience. Similarly, urinary tract infection is as well experienced as 24 (24%) of the respondent were affected. The study also shows that majority of women who had reached menopausal age do not observe if at all there are any changes. This is because they believed that they are associated with menopause. The data also shows that 66 (66%) of the respondent agreed that sexual intercourse after menopause is enjoyable. This is in concordance with the known results²⁰⁻²².

No treatment was sought by the majority of the respondents (57%) when menstruation stopped. They believed that it was due to onset of menopause, in concordance with the results obtained by²⁰. Just less than half (41%) of the participants had no idea why their menstrual period stopped. This might indicate lack of awareness and inadequate knowledge about menopause, even with high proportion of the respondents having formal education. Lack of awareness might also be responsible for why 60% of the women had no idea what could be done to reduce menopausal symptoms.

Conclusion

From this study, we showed that even though higher levels of formal education may play a role in the management of menopausal syndrome but it is not enough. More awareness about management is required to help women ease in this phase of life. We also showed that most women view the onset of menopause positively and that few seek treatment. They report relatively low prevalence of menopausal symptoms, with the most significant being irregular menstrual cycles and increased blood pressure and urinary tract infections.

Authors' contributions

Authors contributed equally to this paper.

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