

THE HEALTH IMPLICATIONS MENOPAUSAL SYNDROME AND THE COPING STRATEGIES AMONG WOMEN IN EKITI-STATE, NIGERIA

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Abstract: A syndrome is a group of symptoms which consistently occur together or a condition characterized by a set of associated syndrome. Experts in the field of medicine, health education and other related fields have discovered that menopause is the normal cessation of menstruation as a result of decline in ovarian function in a woman between ages 45-55. It is a major transitional period in the life of every woman which commences as a series of body changes that can last for years to end the reproductive cycle of a woman. The purpose of this study is to examine menopausal syndrome and its health implications among women in Ekiti-State. Population for the study consisted of all women in Ekiti-State out of which one hundred were selected for the study using simple random sampling technique. The instrument was a structured questionnaire which was used to elicit information from the respondents. Two research questions and two null hypothesis were generated and tested at 0.05 level of significance. Data collected were analysed using descriptive and inferential statistics of frequency counts and chi-square findings revealed that menopausal syndrome has both physical and psychological effects in the lives of women. Conclusion was drawn on the need to increase the level of awareness of women on the health implications of menopausal syndrome.

Keywords: Menopause, Syndrome, Women Health, Implications.

1. INTRODUCTION

Menopause is a normal decline in reproductive hormones when a woman reaches the ages of 45 and 55 years leading to the absence of menstrual periods for 12 consecutive months. Sometimes, it can happen earlier naturally as a result of surgery or removal of ovaries (oophorectomy) or removal of the uterus (hysterectomy), chemotherapy as in cancer treatment or a genetic reason. Menopause is peculiar to females universally and may occur halfway through the maximum lifespan of a woman. It is a major transitional period in the life of every woman which commences as she steps into a long, slow process of natural reproductive aging involving a series of body changes that can last from one year to as long as ten years to end the reproductive years. Unlike a woman's first menstruation which starts on a day, the changes leading to menopause can take many years. Daniel (2016) discovered that there are three phases of menopause which are; premenopause, Perimenopause and post-menopause. Premenopause is the time leading to menopause while menopause occurs when a woman stopped producing the hormones that makes the menstrual period and have been without period for 12 months consecutively.

Post menopause occurs when an act of being without a menstrual flow for 12 months. During this post pausal syndrome, symptoms such as hot flushes, night sweats, vaginal dryness, sexual discomfort, depression, insomnia, dry skin, weight changes and hair loss and urinary incontinence among others. (United Nation AIDS, 2014)

A woman who experiences amenorrhoea for 12 consecutive months is in pre-menopausal stage. A gradual decline in the overall function of the ovaries and the production of oestrogen and progesterone starts from in a woman's 30's while anovulatory cycle and heavy uterine bleeding of unpredictable frequency and duration begins from a woman's fifth decade. Anya (2015) defined menopausal syndrome as symptoms associated with the physiological changes that occur in a woman's body as the period of fertility ends. Menopausal syndrome is a normal consequence of the aging process and it is a natural decline in the production of the female hormones. It is a period characterized by irregular periods, vaginal dryness, hot flushes, chills, joint and muscle pains and stiffness, excessive sweating, insomnia, weight gain and mood changes among others.

Studies have shown that not all women affected by menopausal syndrome are bothered by them. It was discovered that there is an association between menopausal syndrome and lower quality of life. A higher total score on the menopausal syndrome checklist summarises the physical and psychosocial problems associated with menopausal syndrome as being common with lower quality of life in some cases. The study conducted on Women's Health Across the Nation (SWHAN) on the health-related quality of life of about 3000 women discovered that many of the symptoms associated with menopause like hot flushes, night sweats, urinary incontinence, insomnia, vaginal dryness were associated. With low socio-economic standard of life. Many physical psychosocial problems are found related to post-menopausal syndrome such as hot flushes, irritability, swinging mood, difficulty in concentration, mental confusion, stress, incontinence, urge incontinence, osteoporosis, depression, headache, vasomotor symptoms and vaginal dryness. All these abnormal symptoms make a woman feel tired and irritable. Insomnia can lead to palpitation and irregular heart beat which could lead to heart attack. Osteoporosis, urinary incontinence and excessive weight gain (obesity) are associated problems common with menopausal syndrome, increase in healthcare, utilization and cost-effect are also part of the health implications of menopausal syndrome, menopausal syndrome appears to be burdensome to many women across the globe especially in Ekiti-State where many of the women will not even report their symptoms in the hospital. The health implications of menopausal syndrome are being addressed to create awareness and provide better understanding to the women through effective health education to remove their fears and alleviate their sufferings.

WHO(2022) considers that social, psychological and physical health implications of menopausal syndrome on women and other health challenges need health support during the menopausal transition and after. WHO asserted that menopause should be an integral part of health care thereby increasing understanding of women on menopause by:

- Raising awareness of menopause and its implications on women at individual and societal levels, as well as in countries health and socio-economic development.
- Advocating for the inclusion of diagnosis, treatment and counselling related to management of menopausal syndrome as part of universal health care.
- Promoting the inclusion of training on menopause and treatment options in pre-service curricular for health workers.
- Emphasizing a life course approach to health and well-being (including sexual health and well-being) by ensuring that women have access to appropriate health information and services to promote healthy ageing and a high quality of life before, during and after menopause.

Jayshri et al (2020) asserted that menopause is one of the stages in the life of women that cause a wide variety of symptoms, health effects and limitations. Menopause is also described as a period of psychological difficulties that changes the lifestyle of women. Women passing through menopausal syndrome require more information about different coping strategies. Menopausal women experience various symptoms which could be ameliorated by practicing different coping strategies like healthy behaviour, healthy diet, physical exercise and health education intervention.

Statement of the problem:

Jaystar et al (2022) asserted that as women advanced in age, some problems occur in women which are found during their menopause period called menopausal syndrome. Such problems include hot flushes also known as vasomotor symptoms,

excessive sweating with cold flushes of noticeable water, nausea, vomiting, vaginal dryness leading to discomfort during sexual relationship. Other symptoms include joint and muscle pains and joint stiffness. Others suffer from heart attack as a result of lack of hormones; oestrogen and progesterone in the body. In some cases, there could be severe hair loss, other surprising symptoms observed include; dry itchy skin and a metallic taste in the mouth, body odour, breast tenderness, burning mouth syndrome, chills, dry mouth, dental problems and body fatigue. Also observed is the health implications of these problems on the women making many to suffer from irritability, insomnia, depression and mental confusion. Many women found it difficult to cope with such challenges hence the need to know the way out.

Purpose of the study:

The purpose of the study is to examine menopausal syndrome and the health implications among women in Ekiti-State.

Research questions:

The following research questions were raised for the study:

1. What are psychological problems of menopausal syndrome?
2. What are the coping strategies against menopausal syndrome;

Research Hypothesis:

Two null hypothesis were formulated and tested at 0.05 level of significance for the study,

Ho 1 There is no significant relationship between psychological problems and menopausal syndrome.

2 There is no significant relationship between coping strategies and menopausal syndrome

2. METHODOLOGY

The study adopted the descriptive survey research design. The study area was Ado Local Government of Ekiti-State. Population for the study consisted of all women about 55years of age in Ekiti-State out of which hundred was randomly selected for the study. The instrument used for data collection was a self-structured questionnaire designed by the researcher which adopted the four points Likert's Rating Scale of Agree (A), Strongly Agree (SA), Disagree (D), Strongly Disagree (SD). The instrument was validated by experts in Human Kinetics and Health Education and Test and Measurement Department of Ekiti-State University. Test-retest method of reliability was carried out to ensure the face and content validity of the instrument and a co-efficient of 0.82 was obtained. Two research questions and two null hypothesis were generated and tested at 0.05 level of significance. Data collected were analysed using descriptive and inferential statistics of frequency counts and chi-square.

3. RESULTS AND DISCUSSION

This section presents relevant data on the study.

Table 1: What are the psychosocial problems of women in menopausal syndrome

S/N	ITEMS	Agreed	%	Frequency	%
1.	Irritability	61	61.0	39	39.0
2.	Poor memory and concentration	55	55.0	45	45.0
3.	Depression	52	52.0	48	48.0
4.	Anxiety	59	59.0	41	41.0
5.	High level of distress	65	65.0	35	35.0
	Total	100	100.0	100	100.0

Table 1 above revealed that (61%) agree with having irritability while (39%) disagreed. (55%) agreed with having poor memory and concentration while (45%) disagreed. (52%) agreed having depression while (48%) disagreed. (52%) agrees with anxiety while (41%) disagreed. (65%) respondents suffered from high level of distress while (35%) disagreed.

Table 2: What are the coping strategies for menopausal syndrome

S/N	ITEMS	Agree	%	Disagree	%
1.	Health Education intervention	65	65.0	35	35.0
2.	Health diet	58	58.0	42	42.0
3.	Healthy behaviours	61	61.0	39	39.0
4.	Engage in physical exercise	61	61.0	39	39.0
5.	Adequate rest	67	67.0	33	33.0
6.	Increase fluid intake	62	62.0	38	38.0
7.	Changing of diet	58	58.0	42	42.0
8.	See physician for help	57	57.0	43	43.0

Table 2 above showed that 65% respondents agreed that health education intervention will help in coping with the situation while 35% disagreed. 58% agreed that healthy diet will help to cope while 42% disagreed. 61% agreed that healthy behaviour of the respondents will help a long way while 39% disagreed. 61% of the respondents agreed that participating in physical exercise will reduce the symptoms while 39% disagreed. Also 67% of the respondents agreed that adequate rest is important in coping while 33% disagreed. Also 62% agreed that increase fluid intake is necessary to cope with the night sweat and hot flushes while 38% disagreed. 58% of the respondents agreed that there might be need for change of diet to include fruits and vegetables while 48% disagreed. 57% agreed that there might be need to see physician like obstetrician and gynaecologist for medical assistance while 42% disagreed.

Hypothesis I There is no significant relationship between psychological problems and menopausal syndrome.

Table 3: Chi-square showing significant relationship between psychological problems and menopausal syndrome.

Variance	X	%	X ² cal	X ² tab	Remarks
Agree	55	55			
Disagree	45	45	10.640	7.815	Significant
E	100	100			

P < 0.05

Table 3 when subjected to chi-square analysis showed that chi-square (X²) calculated = 10.640 which was greater than the table value of 7.815 at 0.05 level of significance. The null hypothesis which stated that there was no significant relationship between psychological problem and menopausal syndrome was rejected which denotes that there is significant relationship between psychological problems and menopausal syndrome.

Hypothesis II There is no significant relationship between coping strategies and menopausal syndrome.

Variance	X	%	X ² cal	df	X ² tab	Remarks
Agree	154	96				
Disagree	6	4	27.900	3	7.815	Significant
E	160	100				

P < 0.05

Table 4 above showed that the result while subjected to chi-square analysis revealed that chi-square calculated (X²) = 27.900 was greater than the table value of 7.815 at 0.05 level of significant. The null hypothesis was rejected which means that there is significant relationship between coping strategies and menopausal syndrome.

4. DISCUSSION

Findings from the result of first research question revealed the psychosocial problems of menopausal syndrome. Among the highlighted problems, high level of distress and irritability seemed to be more prominent than others. This is in line with the findings of United Nations Aids (2014) which was a report submitted on women aged 50years and above in general. The report supported that poor memory and concentration, depression, anxiety and other health challenges are associated with menopausal syndrome. Findings from research questions too revealed that coping strategies against menopausal

syndrome. It was discovered that adequate rest, health education and increase fluid are the most prominent among the coping strategies. The findings was in line with the summation of Jaysri et al (2020) women passing through menopausal experience require more information about different coping strategies.

Findings from research hypothesis I revealed that there was no significant relationship between psychological problems and menopausal syndrome because the t-cal of 10.640 was greater than t-table of 7.815 at 0.05 level of significance which made the null hypothesis to be rejected. It was also discovered from the finding that there was significant relationship between coping strategies and menopausal syndrome. This was in agreement with Cosper (2015) and Dennis (2017) who discovered that effective health education, improved physical exercise, increase in fluid intake and intake of healthy diet had improved the health of women undergoing menopausal syndrome.

5. CONCLUSION

Based on the results of the findings of the study, it was concluded that menopausal syndrome occurs in women between ages of 45 to 55years worldwide. It also occurs in phases like pre-menopause, peri-menopausal and post-menopausal phase. Menopausal syndrome requires health education about the physical, psychological and the coping strategies while passing through the phase.

6. RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

- * Creating high level of awareness through effective health education on the problems of menopausal syndrome and how to cope with it.
- * Advocating for the inclusion of management and treatment of menopausal syndrome as part of universal health coverage.
- * Women should be encouraged to have access to appropriate health information and services that will promote their quality of life before, during and after menopause.

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