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*Full Length Research Paper*

# Psychological effects and experiences of menopausal women in a rural community in Niger Delta region of Nigeria

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**Menopause is a period of natural physiologic adaptation which occurs in women when the finite numbers of ovarian follicles are depleted due to decreased levels of reproductive hormones. This decrease in reproductive hormone levels may be mild and present with no obvious disturbances in some women while in others, severe and unbearable health and psychological challenges may demand medical intervention. This study is aimed to explore the psychological effects and health challenges of menopausal symptoms in middle aged women in a rural community of Nigeria. Utilizing a random sampling technique, one hundred and twenty middle aged women (n=120) age 40 to 55 years were recruited for the study. The descriptive survey used a semi structured questionnaire to obtain data from consenting participants. Result shows that women experience various psychological challenges: 77 (64.2%) expressed feelings of sadness and 68 (56.7%) felt easily irritated. Health challenges were hot flushes, night sweats, fatigue, low libido, dizziness, weight gain, irregular menstrual period, arthritis and heart problems. There is need for women to be educated prior to this period and health care providers should communicate optimally, support and empower middle-aged women through this period of transition.**

**Key words:** Menopause, transition, middle-aged, psychological effects, health challenges.

## INTRODUCTION

Menopause is a natural phenomenon which occurs in all women when their finite number of ovarian follicles are depleted as a result of a fall in oestrogen and progesterone level with an increase in luteinizing hormone (LH) and follicle stimulating hormone (FSH) response (Laurence et al., 2011). During this stage, menstruation becomes erratic and eventually stops and there are a number of secondary effects which are known as menopausal symptoms (Nelson, 2008).

All healthy women will transit from a reproductive or

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premenopausal to a postmenopausal state (Grady, 2006; Soules, 2005). Women in menopausal transition commonly report a variety of symptoms including vasomotor symptoms (hot flushes and night sweats), vaginal symptoms, urinary incontinence, trouble sleeping, sexual dysfunction, depression, anxiety, labile mood, memory loss, fatigue, headache, joint pains and weight gain (Grady, 2006). A woman's natural reproductive life cycle represents a higher risk of the onset of mental health issues as physical changes, hormonal fluctuations and life-altering events ensue. Psychosocial aspect of midlife and aging affecting quality of life, include personal and cultural attitudes towards menopause, aging and psychological issues (Eden and Wylie, 2009). Avis et al. (2004), noted that women's attitude toward menopause and aging will have impact on health seeking behavior, perceived quality of life and sexual practices. For many women, the menopausal transition is a troublesome period of life, often associated with decreased well-being and a number of symptoms. Besides the hormonal changes, many other factors such as psychological, sociological and lifestyle factors affect how women perceive their menopause.

In a study conducted in Benin City Nigeria by Ande et al. (2011), reported that menopause was considered a normal event by 97.4% of the women while 2.6% believed it was a disease condition. It did not affect their relationship with their spouse or children. 18.8% of the participants adjusted well to menopause and none of the women studied revealed any serious maladjustment to the events of menopause. However, in another study by Nkwo and Onah (2008) on positive attitude to menopause and improved quality of life among Igbo women in Nigeria, reported that, some societal privileges enjoyed by menopausal women in some communities tend to modulate the expression of menopausal symptoms, they do not however eliminate them. Research examining cross-cultural symptoms suggests that menopausal experiences vary among societies and groups (Anderson et al., 2004; Dennerstein et al., 2000). It is unclear whether reported menopausal differences among ethnicities relate to variations in occurrence, perception, or reporting of symptoms (Crawford et al., 2008; Avis et al., 2009) or to methodologic challenges of cross cultural inquiry. Therefore, this study aims to explore the menopausal experiences of rural women from Amassoma in Niger Delta region of Nigeria.

## METHODOLOGY

This is a descriptive cross-sectional survey, the target population for this study are middle aged (between age 40 to 55 years) rural women. The inclusion criteria are middle aged women experiencing peri-menopausal and post-menopausal symptoms. The study tool was a carefully designed, tested, self-structured questionnaire developed by the researchers 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 the literatures that met the study criteria and the questionnaire suitability and its applicability for the study gave credibility of the instrument. The reliability of instrument was determined through a test-retest method involving carrying out a pilot study using 20 questionnaires in a nearby community (Ogobiri) of the same local government as Amassoma and including newly observed facts while discarding ambiguous items of the initially constructed questionnaire. The sampling technique adopted for this study was a purposive and snow balling approach. The questionnaire was administered face to face to all respondents (August to September, 2013) and retrieved immediately by the investigators. The questionnaire was designed to obtain quantitative data and analysis was done using descriptive statistics. Categorical variables are expressed as frequency (percentage) and continuous variables as means (±Standard Deviation; SD) (statistical package for social sciences (SPSS) version 17 Chicago IL.).

### Ethical consideration

A written letter was sent to the community leader requesting permission to conduct the study. The researchers were invited for an interactive meeting with the chiefs and compound heads. Thereafter, approval to conduct the study was given by the community ruler (king). Informed consent to participate in the study was obtained after the purpose of the study was explained to the participants and confidentiality was assured before issuing the questionnaire.

## RESULTS

A total of 300 middle aged women were identified, out of which 120 participants respondents were randomly selected from the various compounds (Ama) through the community chiefs. The result and presentation of data were obtained.

Table 1 shows a total of one hundred and twenty (n=120), 86 (71.1%) women were peri- menopausal, that is, having irregular vaginal bleeding during the last 12 months and 34 (28.9%) women of the study population were classified as post-menopausal, that is, having no vaginal bleeding during the last 12 months were recruited for the study. The women's ages ranged from 40 and above 55 years with a mean of 49.8 ± 2.6. Most of the women 68 (56.7%) were married, 86 (71.1%) in polygamous relationship. Only twenty eight (23.3%) women had no formal education. The majority 110 (91.7%) were Christians, and 76 (63.3%) were employed. The incidence of menopausal complaints and percentage of women experiencing each symptom are shown in Table 2. Among Amassoma women, hot flushes was the most common complaints occurring in 77.5% of women, this compliant was followed by fatigue 75.8%, joint pain 70.8%, feelings of sadness 64.2% and anxiety 62.5%. Others symptoms experienced were forgetfulness 60.8%, reduced libido 60.0%, night sweat 59.2%, easily irritated 56.7%, vaginal dryness 37.5%, urinary frequency 28.3% and headache 24.2%.

Table 3 shows the strategies used by middle age women to manage the symptoms of menopause. The most common strategies used by participants to manage

**Table 1.** Socio-demographic data of Respondents.

| Variable | Frequency (f) | Percent (%) |
|---|---|---|
| **Age** | | |
| 40-44 | 16 | 13.3 |
| 45-49 | 22 | 18.3 |
| 50-54 | 38 | 31.7 |
| ≥ 55 | 44 | 36.7 |
| **Marital status** | | |
| Cohabitation | 9 | 7.5 |
| Married | 68 | 56.7 |
| Divorced | 10 | 8.3 |
| Widowed | 33 | 27.5 |
| **Educational status** | | |
| No formal | 28 | 23.3 |
| Primary | 47 | 39.2 |
| Secondary | 40 | 33.3 |
| Tertiary | 5 | 4.2 |
| **Type of marriage** | | |
| Polygamy | 86 | 71.7 |
| Monogamy | 24 | 20.0 |
| Not married | 10 | 8.3 |
| **Religion** | | |
| Christian | 110 | 91.7 |
| African tradition (Pagan) | 10 | 8.3 |
| **Employment status** | | |
| Housewife | 9 | 7.5 |
| Self employed | 35 | 29.2 |
| Employed | 76 | 63.3 |

**Table 2.** Perceived menopausal symptoms by participants.

| Symptoms | Frequency (f) | Percent (%) |
|---|---|---|
| Hot Flushes | 93 | 77.5 |
| Fatigue | 91 | 75.8 |
| Joint Pain | 85 | 70.8 |
| Feelings of sadness | 77 | 64.2 |
| Anxiety | 75 | 62.5 |
| Forgetfulness | 73 | 60.8 |
| Reduced libido | 72 | 60.0 |
| Night sweat | 71 | 59.2 |
| Easily irritated | 68 | 56.7 |
| Vaginal dryness | 45 | 37.5 |
| Urinary symptoms | 34 | 28.3 |
| Headache | 29 | 24.2 |

**Table 3.** Strategies used by middle aged women in the management of menopausal symptoms.

| Variable | Frequency | Percent |
|---|---|---|
| Spiritual remedy (prayer) | 118 | 98.3 |
| Having cold baths | 101 | 84.2 |
| Wearing of light clothing | 87 | 72.5 |
| Use of native herbs | 87 | 72.5 |
| Learning from experiences of older women | 42 | 35.0 |
| Visit to hospital | 10 | 8.3 |

menopausal symptoms included: use of a spiritual remedy such as prayer 118 (98.3%), having cold baths 101(84.2%), wearing of light clothing 87 (72.5%), and the use of native herbs 82 (72.5%). Learning from older women's experiences was less common 42 (35.0%) and only 24 (20.0%) visited the hospital for treatment of headaches/joint pains. None of the study participants has used or heard of hormonal replacement therapy.

## DISCUSSION

The majority of the rural women studied had poor knowledge about menopause and management of symptoms. The mean menopausal age of 49.8 ± 2.6 years in this sample are similar to urban females of other communities in Nigeria (Ande et al., 2011; Osinowo, 2003) and compares' favourably with studies that suggest women worldwide attain menopause aged 50 years (National Institutes of Health, 2005; Ayranci et al., 2010). The most prevalence menopausal symptoms reported in this study were hot flushes 77.5% and fatigue 75.8%. Ande et al. (2011), in a study conducted in Benin City Nigeria, found hot flushes and joint pain to be the most commonly reported menopause symptoms. Agwu et al. (2008) in South East of Nigeria also found the commonest menopausal symptom to be hot flushes. Similarly, evidence from Western studies demonstrates prevalence of hot flushes to be 69% in African American women (Im, 2009), 80% in Hispanic women (Schnatz et al., 2006), and 73.9% in Turkish women (Ayranci et al., 2010) but markedly lower in Japanese women with a range of 37 to 52% (Melby, 2005; Anderson et al., 2004). According to Grady (2006), hot flushes and night sweats are the main symptoms associated with menopause and are maximal in the late menopausal transition, occurring in about 65% of women. The prevalence of hot flushes and night sweats varies widely among women of different geographical regions and also ethnicity (Im, 2009). These differences may be due to the influence of a range of factors (Avis et al., 2001) including climate, diet, lifestyle, women's roles, and their attitudes regarding the end of the reproductive life and age.

In this study, vasomotor symptoms like aching joint pain (70.8%), and fatigue (75.8%) were commonly reported. The findings are similar with previous studies that observed joint pains as the most prevalent symptoms (Dienye et al., 2013; Haines, 2005). The prevalence of urinary symptoms, like urine leakage during laughing, coughing and increased urinary frequency were the least reported, present in only 8.3% of women studied. This finding is similar to a study from this region by Dienye et al. (2013) that observed 7.8% of study participants complained of urinary symptoms, Singh et al. (2005) and Kaur (2008) studied Chandigarh women and reported avery low prevalence of urinary symptoms 15.70 and 10.65% respectively. In contrast to the pattern of urinary symptoms described in the above studies, a study in Nigeria by Agwu et al. (2008) reported a higher incidence of urinary symptoms (38.7%), while Hafiz et al. (2007) study, reported a 35.2% prevalence of urinary symptoms in Australian women. The differences between the prevalence of urinary symptoms in these populations might be due to the women's attitude towards health and cultural inclination. Nkwo (2009), observed that in Nigeria, the widespread social inhibition and secrecy about female sexual and genital matters in most communities may be responsible for the low reporting of genital symptoms. Also, Nkwo and Onah (2008) reported that some societal privileges enjoyed by menopausal women in some communities tend to modulate the expression of these symptoms.

Women who reported feeling sad, anxious, forgetful and easily irritated are 64.2, 62.5, 60.8 and 56.7%, respectively. The incidence of psychological symptoms was higher in rural women of Amassoma when compared to reports of Igbo women in Enugu State (Nkwo, 2009) and women in Benin City (Ande et al., 2011). This may be due to the practice of plural marriage in the Niger Delta region of Nigeria (a man married to two or more women). Reporting of loss of libido (60.0%) in the present study was similar to the studies of Dienye et al. (2013) in Port Harcourt and Adekunle et al. (2001) in the western region of Nigeria. Most of these rural women (71.1%) are in polygamous marriages, and reported feelings of sadness (64.2%) for being perceived as too old to engage in sexual activity and are usually displaced by their husbands with younger wives who are more sexually active. This finding is in contrast to previous report from other regions of Nigeria where women tend to have a more positive attitude

towards menopause (Adekule et al., 2000; Ande et al., 2011). However, Nkwo (2009) argues that the widespread social inhibition and secrecy about female sexual and genital matters in most Nigerian communities may be responsible for the low reporting of sexual issues. The finding also confirms previous studies that women's attitude toward menopause and aging impacts on their perceived quality of life and sexual practices (Agwu et al., 2008; Avis et al., 2004).

Women of Amassoma use various strategies to control and manage the symptoms of menopause. The use of prayer as a form of spiritual therapy was reported in 98.3% of the women sampled. This is corroborated in this report where 42.6% of women in Enugu used prayer hoping the symptoms will go away (Nkwo, 2009). Similarly, 35.7% of Canadian menopausal women used prayer as a remedy (Lunny and Fraser, 2010). Bair et al. (2002), observed in their study in California that 48.4% of White, 28.9% of Japanese, and 24.6% of Chinese women reported the use of spiritual remedies. According to Mueller et al. (2001), religious involvement and spirituality are associated with better health outcomes, including greater longevity, coping skills, health-related quality of life, less anxiety, depression and suicide. Other methods of relief used in this study were having cold baths during hot flushes, wearing of light clothing and use of native herbs was (72.5%). It will be important to study these herbal remedies to identify the active agents that relieve menopausal symptoms.

Information about menopause of the studied sample shows that, 35.0% gained some sort of information from experiences of older women in the family/friends and only 8.3% visited the hospital to seek treatment for headaches or joint pains. None of these women have used or heard of hormonal replacement therapy (HRT), this may indicate lack of access to health facilities due to their living in rural regions. However, a study of women in Benin shows that 7.3% were aware of hormone replacement therapy but none were on or ever had HRT (Ande et al, 2011).

This finding suggests that majority lack information about menopause from health professionals. However, the women in this study perceived menopause as a natural change in their life that does not necessitate medical intervention or treatment. The finding is similar to the study of Ande et al. (2011) and Adekunle et al. (2000) which reveal that women rarely seek medical help for these menopausal symptoms in Nigeria, as menopause is considered as a normal physiological process.
However, the non-use of medical treatment may be connected to the poor or unavailability of basic health care services in rural communities, as such these women are left with no alternatives but to accept their fate and welcome these symptoms as a natural process towards cessation of menstrual periods and growing old.

### Study limitation

The study was conducted in only one community therefore, it is difficult to generalize about the effects and experiences of menopause among Nigerian women. However, the major interest of this survey is the opportunity to offer more information on rural women's experiences of menopause. Further study using qualitative methodology with a wider population is suggested.

### Nursing implication

This study has implications for research, practice and education. Nurses in carrying out their functions and activities in the community play an important role in community health practice, through health education programmes, Nurses can help to improve the knowledge of women about treatment available both natural and HRT, the signs and symptoms of menopause, how to seek prompt and appropriate care and support when the need arises. This study's findings are important and indicate cultural factors that may influence the experience of menopausal symptoms for the women of Amassoma. These findings, contributes to the knowledge required by health professionals and the women themselves, about culture and menopause that may influence the future care of menopausal women.

## CONCLUSION AND RECOMMENDATION

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, counseling 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. In summary, the findings from the present study contribute significantly towards filling the gaps in knowledge about the way rural middle-aged women experience and manage menopausal symptoms.

The following recommendations were made from this study:

1. Women should be enlightened and prepared for the possible psychological, health and other symptoms that may arise during menopause.
2. Proper nutrition and dietary practices should be encouraged to ensure healthy living during this period.
3. Mild exercise should be encouraged and the avoidance of a sedentary lifestyle or living in isolation should be discouraged. This will help in coping with the challenges of this period.
4. Provision of HRT to improve quality of life and sexuality in symptomatic post-menopausal women
5. An in-depth qualitative study is suggested to explore the experiences of women's sexual satisfaction in a

polygamous marriage.

## Conflict of Interests

The author(s) have not declared any conflict of interests

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