

**CHALLENGES AND COPING STRATEGIES ADOPTED BY MENOPAUSAL WOMEN
IN A LOCAL GOVERNMENT OF SOUTHWESTERN STATE, NIGERIA**

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ABSTRACT

Introduction: Menopause is a major transitional period in women's life when menstruation stops and no longer fertile. It exists in various staging systems that can be differentiated in premenopausal, perimenopausal and postmenopausal. However, there are physical and psychological challenges faced at each stage. In Nigeria, women have high prevalence of menopausal symptoms between the 40-60 years. Some of these symptoms that are more common at menopause give rise to high concerns to provide coping strategies for them. The objective is to assess the challenges and coping strategies adopted by menopausal women in Olorunda Local Government Area, Osun State, Nigeria. **Methodology:** This is a descriptive cross sectional study, 40-65 years eligible participants were selected using multi-stage sampling method. Three hundred questionnaires were administered, out of which two hundred and seventy were retrieved and analyzed using SPSS with level of P value was set at < 0.05 given response rate of 90%. **Results:** The mean age of the participants was 56 years \pm 2.11 S.D. The women in the study population were mostly married (84%) and were majorly Yoruba tribe (99%). Almost all the participants viewed menopause as a natural phenomenon. All the respondents were aware of menopause and have experienced one or more out of the twenty one pre-stated symptomatic challenges among which are vaginal dryness(40.40%), decreased sexual libido(41.1%), decreased sexual response(43.7%), joint pain/stiffness(35.95%). Coping strategies engaged by the participants included herbs (59.6%), exercise (59.6%), Religious prayers (54.4%) and self medication (24.1%). **Conclusion:** Most of the respondents found menopause to be challenging and were able to manage using various coping strategies like the use of self medication, religious prayers and exercise which were found effective. Effective health education and promotion can help menopausal women to cope better with challenges of menopause.

KEYWORDS: Assessment, Challenges, Coping strategies, Menopause.

INTRODUCTION

The menopause in Human marks the time in a woman's life when her menstruation stops and she is no longer fertile and it can be defined as the permanent cessation of menstruation due to loss of ovarian follicular activities.^[1]

Globally, the number of postmenopausal women has increased tremendously over the years. The number will rise from 467 million in 1990 to 1.2 billion by 2030, with most of the increase occurring in developing countries.^[2] The Nigeria Demographic and Health Survey of 2008 documented the percentage of menopausal women is as 9.4%. Menopause changes the lifestyle of women in multiple ways and impacts physical, emotional, social and financial quality of life.

Changes associated with menopause are enormous and can be categorized. The estrogen deficiency and relative hormone excess alter the health system of most women resulting in changes in most body organs and systems including the skin, hair, musculoskeletal and urinogenital systems. Neuropsychiatric changes, physical or psychological symptoms are not uncommon.

The behavioral factor influence early Menopause, factors such as smoking^[3], less education, low social class^[7], having fewer children, non-use of contraceptive^[4] and low relative weight.^[5] Studies support that Africa and Mexican descent have early natural menopause than Asia.^[6] In Nigeria, the average age of menopause women is reported 49 years slightly lower than the typical age of

menopause experienced from North America, Australia and Western-Europe.^[6]

Menopause has become a concern to women folk in all cultures irrespective of social status, hence their moving towards adopting coping strategies to surmount these changes and challenges. Hormone Replacement Therapy (HRT); whereby women will undergo screening for Osteoporosis regularly, women less than 40 years should adopt a life style that incorporates stress management and balanced dietary pattern by women. The awareness of all the coping mechanism was also encouraged to be disseminated to the affected women.^[7]

Most menopausal women do not know about the risks associated with menopause, as they regard some unrelated factors as the cause of most illnesses that occur in women after menopause.^[8] Many women in southwestern Nigeria do nothing about the symptoms they experienced,^[8] while those who made any attempt tried remedies that are self recommended. The need to ensure that the health needs of menopausal women are addressed is thus imperative. This study was undertaken to assess the challenges and coping strategies adopted by menopausal women in Olorunda Local Government Area, Osun State, Nigeria.

METHODOLOGY

Study Area: Olorunda Local Government Area, Osun state, Southwestern, Nigeria.

Study Design: This was a cross-sectional descriptive study design which employed quantitative methods in data collection.

Study Population: The study population comprised women of menopausal age, who were within ages of 40-69 years within the local government of Olorunda, Osun state. All females within ages 40 to 69 who were able to communicate either verbally or written and willing to participate in the study were recruited into the study.

Sampling size and techniques: Using the Leslie fisher formula to determine of sample size (a population greater than 10,000), a calculated sample size of 293 was increased to 300 to adjust for non response and attrition.

Multistage sampling technique was adopted with five stages of selection. In Stage 1, Stratified random sampling was adopted to divide Olorunda local government which has 11 communities (wards) into rural and urban. Eight of these communities fell within the rural area of the local government while three are rural. In Stage 2: Two urban wards (ward 11 & V1) and one rural ward (ward IX) were selected by simple random balloting. In Stage, Seven major streets were identified in the urban wards and ten compounds in rural ward were selected through simple random sampling. In Stage 4, One hundred houses were randomly selected by balloting method. In Stage 5, participants were selected at the

household level purposively based on consent and eligibility. The study population was menopausal women, 40 years and above who are members of the communities, who are also able and willing to give consent verbally and in writing.

Data generated were documented in a descriptive form. Frequencies and proportions were used to measure quantitative variables. At the end of the data collection process, questionnaires were sorted and arranged serially and coding of the questionnaire was done. Data were entered into a database using SPSS. Mean and standard deviation was used, a level of significance of 0.05 was set to determine association.

Semi structured interviewer administered questionnaires were designed in sections. The issue of interest was mainly assessment of challenges and coping strategies in menopause. Data collection were interviewed administered. Six research assistants, who were familiar with women in administering and retrieval of the questionnaires, were engaged. Questionnaires were developed in English and Yoruba. The questions were designed to allow menopausal women express their ideas on various issues related to their challenges.

RESULTS

A total number of three hundred questionnaires were administered out of which two hundred and seventy were correctly filled and returned given a response rate of 90%. Table 1 showed that the age range of 51-55 years constitutes the highest proportion (38.5%) of the respondents, while women with age range of 40-45 had the least proportion (9.3%). The highest proportion of respondents in this study were married (84.8%). One hundred and seventy-six (176) respondents were Muslims which constitute 65.2% of the women. Yoruba ethnic group constitute 99.3% of the sampled population. Post menopausal women with tertiary education in this present study constitute 78.9% of the sampled population.

The description of frequently observed challenges by post menopausal women is presented in Table 2: The proportion of respondents that described night sweat, hot flashes, sleep problem, fatigue, mood swings and depression as the frequently observed physical challenges are 32.2%, 30.4%, 19.3%, 29.3%, 17.0% and 15.2, respectively.

Table 3 showed that one hundred and fifty-five (155) respondents (57.4%) never observed change in work efficiency as a result of menopause. The percentage of women that had never experienced any change in relationship with co-workers, change in relationship with family members, change in social activities, change in home responsibilities and change in relationship with husband was 73.7%, 74.4%, 58.9%, 57.8% and 50.4%, respectively.

The result showing the descriptive statistics of coping strategies by post-menopausal women is shown in Table 4. The use of herbs and body exercise are the mostly employed coping strategies by the respondent with 59.6% adopting both methods. The proportion of women relying on religious faith, dietary changes, self medication and the use of hormones were 54.4%, 24.1% and 7.0%, respectively.

Table 5 showed some association between some identified challenges and coping strategies. A statistically significant association was found between the various coping strategies (mostly use of herbs, other self medications, exercises, acupuncture and reduced libido, reduced sexual responses, joint pain and stiffness and memory problems ($p < 0.05$).

Table 1: Frequency Distribution of Demographic Characteristics (N=270)

Variables	Frequency(n)	Percentage(%)
Age(years)		
40-45	25	9.3
46-50	53	19.6
51-55	104	38.5
56-60	58	21.5
>60	30	11.1
Marital Status		
Married	229	84.8
Single	3	1.1
Divorced	8	3.0
Widow	30	11.1
Religion		
Christianity	93	34.4
Islam	176	65.2
	1	0.4
Ethnicity		
Yoruba	268	99.3
Igbo	2	0.7
Level of Education		
No formal education	11	4.1
Primary school	10	3.7
Secondary school	36	13.3
Tertiary	213	78.9
Occupation		
Unemployed	8	3.0
Trader	45	16.7
Artisan	3	1.1
Civil servant	214	79.3
Mean age at first irregular menstrual period (Years`		
Mean age at first irregular menstrual period (Years)	44±1.26	47±1.94

Table 2: Frequency distribution of observed challenges by respondents (N=270)
(multiple responses allowed)

Variables	Frequency(n)	Percentage(%)
Decreased sexual response	118	43.7
Decreased sexual libido	111	41.1
Vaginal Dryness	109	40.4
Joint pain/stiffness	97	35.9
Pain with intercourse	88	32.6
Night Sweat	87	32.2
Hot Flashes\Flush	82	30.4
Fatigue	79	29.3
Memory problem	78	28.9
Weight gain	63	23.3
Sleep problem	52	19.3
Changes in hair growth	52	19.3
Irritability	48	17.8
Headache	48	17.8
Mood Swing	46	17.0
Urinating frequently	43	15.9
Depression	41	15.1
Difficulty in concentration	40	14.8
Anxiety	39	14.4
Easy tearfulness	30	11.1
Incontinence	23	8.5

Table 3: Frequency distribution of the severity of psychological symptoms observed by respondents (N= 270)

Variables	Frequency	Percentage
Change in work efficiency		
Never	155	57.4
Mild	49	18.1
Moderate	60	22.2
Severe	6	2.2
Change in relationship with coworkers		
Never	199	73.7
Mild	36	13.3
Moderate	33	12.2
Severe	2	0.7
Change in relationship with family members		
Never	201	74.4
Mild	30	11.1
Moderate	37	13.7
Severe	2	0.7
Change in social activities		
Never	159	58.9
Mild	62	23.0
Moderate	38	14.1
Severe	11	4.1
Change in home responsibilities		
Never	156	57.8
Mild	49	18.1
Moderate	58	21.5
Severe	7	2.6
Change in relationship with husband		
Never	136	50.4
Mild	65	24.1
Moderate	59	21.9
Severe	10	3.7

Table 4: Frequency distribution of coping strategies among respondents (N=270)

Multiple responses were allowed

Variables	Frequency(n)	Percentage(%)
Herbs	161	59.6
Exercise	161	59.6
Religion (Prayer)	147	54.4
Dietary changes	93	34.4
Self medication	65	24.1
Layered clothing	33	12.2
Hormones	19	7.0
Acupuncture	15	5.6
Bio-feed back	11	4.1
Self perception of stress management level		
Very effective	73	27.0
Effective	127	47.0
Sub-optimal	11	4.1
Poor	59	21.9
Total	270	100.0

Table 5: Association between some identified challenges and coping strategies.

Challenges	Coping strategies	Yes	No	Total	Statistics
Depression	Frequently	18(6.7)	23(8.5)	41	$X^2=21.23$ $P=0.000$
	Rarely	28(10.4)	37(13.7)	65	
	Never	28(10.4)	130(48.1)	158	
	Last one week	1(0.4)	5(1.9)	6	
	Self medication				
Decreased sexual libido	Frequently	29(10.7)	82(30.4)	111	$X^2=15.57$ $P=0.001$
	Rarely	15(5.6)	48(17.8)	63	
	Never	13(4.8)	71(26.3)	84	
	Last one week	8(3)	4(1.5)	12	
	Herbs				
Decreased sexual response	Frequently	43(15.9)	75(27.8)	118	$X^2=7.95$ $P=0.047$
	Rarely	11(4.1)	45(16.7)	56	
	Never	19(7)	67(24.8)	86	
	Last one week	2(0.7)	8(3)	10	
	Acupuncture				
Joint pain/ stiffness	Frequently	31(11.5)	66(24.4)	97	$X^2=8.47$ $P=0.037$
	Rarely	27(10)	51(18.9)	78	
	Never	14(5.2)	72(26.7)	86	
	Last one week	3(1.1)	6(2.2)	9	
	Herbs				
Headache	Frequently	14(5.2)	34(12.6)	48	$X^2=13.43$ $P=0.004$
	Rarely	43(15.9)	70(25.9)	113	
	Never	16(5.9)	86(31.9)	102	
	Last one week	2(0.7)	5(1.9)	7	
	Herbs				
Memory problems	Frequently	30(11.1)	48(17.8)	78	$X^2=8.06$ $P=0.045$
	Rarely	19(7)	50(18.5)	69	
	Never	26(9.6)	93(34.4)	119	
	Last one week	0(0)	4(1.5)	4	
	Exercise				
Incontinence	Frequently	12 (4.4)	11(4.1)	23	$X^2=14.86$ $P=0.002$
	Rarely	21(7.8)	29(10.7)	50	
	Never	126(46.7)	63(23.3)	189	
	Last one week	2(0.7)	6(2.2)	8	

DISCUSSIONS

Nearly every respondent has at least one challenge or another out of the 21 pre-stated challenges. The order of frequency of reported 12 common challenges among the respondents is Night sweat, hot flashes, sleep problem, pain with intercourse, vagina dryness, decreased sexual libido/response, joint pain and stiffness, weight gain, change in hair growth and memory problem.

The highest proportion of respondent stipulated decreased sexual response, followed by decrease in sexual libido, vaginal dryness. This result from the sexual response supports previous study that women demonstrated decrease in some or all of the sexual parameters as they transit from early to post menopause.^[9]

Joint pain is next in the decrease order of the challenges frequently observed by the respondents, this symptoms may simply reflect the general ache associated with aging.^[10] Finding also by Birchfield that revealed menopausal women between ages 45-55 to experience musculo-skeletal joint(35.9%) complaint often with a greater frequency than hot flashes (about one third).^[11]

The result obtained from psychological symptoms observed by respondents are similar, with highest proportion stating they never experienced any of the pre-stated psychological symptoms. More than half of the respondents did not observed changes in work efficiency as a result of menopause. Higher percentage of the women also never experienced change in relationship with co-workers, family members, home responsibilities and with husband.

Nevertheless, menopausal symptoms can pose major and embarrassing problems for some women leaving them less comfortable, although no objective measure of performance was taken during this research, some women felt their work efficiency, social activities, home responsibilities, relationship with their husbands, coworkers and family members were mildly, moderately and severely affected.

The respondents employed different coping strategies for menopausal challenges. The strategies were effective in coping with menopausal challenges. Herbal medicines was employed by larger percentages of the respondents, it was observed that herbal medicine is a prominent alternative medicine among Yoruba tribe in Nigeria that live in the urban area.^[12] Most of the respondents also engaged in exercise and religious prayer/ activities but less than half of the respondents change their diet. Previous study revealed that Nigerians usually combine religious activities with medicare.^[13] Most of the coping strategies engaged by women in the study were said to be effective (74%).

Some coping strategies are identified with some menopausal challenges. The study reported all coping

strategies have significant influence on some identified challenges. Exercise, religion activities and self medication show to positively influence night sweat among the women. The use of herb and self medication on minor ailment is common among Nigerians, in which menopausal challenges in this country is not an exception.^[14,15] Application of hormones, use of herbs and self medication among the menopausal women was used significantly for hot flashes. Some of the respondents' biofeedback, religion prayer and self medication practice influence their sleeping problems. For the respondent who experience fatigue as menopause challenge, use of herb, self medication and laying of clothes, were their coping strategies. Respondents with menopausal challenges such as depression, difficulty in concentration, pain with intercourse, vaginal dryness, decrease in sexual libido and response and easy tearfulness use self-medication. Respondents in the study significantly use herbs for menopausal challenges such as decreased sexual libido, joint pain/stiffness, headache, easy tearfulness and memory problem. Respondents also only use exercise for weight gain and incontinence while Acupuncture is significantly use only for decrease sexual response.

In conclusion, the prominent menopausal challenges among women in the study area were vagina dryness, decreased sexual response/libido and joint pains/stiffness. Determinants of menopausal challenges among the women were their age, marital status and their level of education. Most of the respondents found menopause to be challenging and were able to manage using various coping strategies like the use of herbs, self medication, religious prayers and exercise which were found effective. Participants' use of inappropriate measure for menopausal challenges, wrong perception and knowledge gap were detected. Awareness campaigns must be undertaken to inform women about the various strategies to be used during the phase of menopause, awareness can be created as a reproductive health issue among health care providers. In addition, effective health education and promotion can help people to cope better with the challenges of menopause.

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