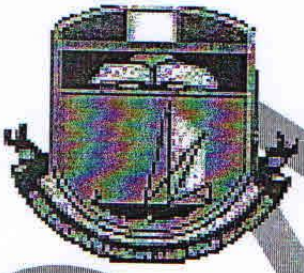
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ADJUSTMENT STRATEGIES TOWARD MENOPAUSE-RELATED PROBLEMS EMPLOYED BY MENOPAUSAL WOMEN IN KWARA STATE, NIGERIA: IMPLICATIONS FOR COUNSELLING

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Abstract

Menopause may be marked by a gradual decline in menstruation or in its frequency or it may cease abruptly. The objective of this study was to investigate the adjustment strategies toward menopause-related problems employed by menopausal women in Kwara State, Nigeria. The researchers thus investigated whether or not there was a significant difference in the adjustment strategies to menopause-related problems employed by menopausal women in Kwara State on the bases of religion and job type. Descriptive survey research procedure was adopted for the study. The Multistage sampling technique was used to draw a sample of 466 respondents. The instrument for data collection was the Adjustment Strategies towards Menopause-related Problems Questionnaire (ASMPQ). Research questions were raised while research hypotheses formulated were tested; the data collected were analysed through the use of frequency counts, percentages, t-test and Analysis of Variance (ANOVA) at 0.05 level of significance. The findings revealed that there was no significant difference in the adjustment strategies towards menopause-related problems of menopausal women on the bases of religion and type of job.

Keywords: Menopause, Menopausal women, menopause-related problems, Adjustment Strategies.

Introduction

The word menopause literally means the end of monthly menstural cycles. It is from the Greek word *pausis* (cessation) and the *root men* – (month). Menopause, a normal midlife transition for women remains poorly understood. Women in middle-aged face variety of challenges; these challenges include the physiological and psychological events of menopause. Many myths and lack of scientific information exist in relation to menopause (Patterson, 1988). The misconception that menopause is detrimental to a woman's psychological health still persists in the Nigerian society (Osula, 1984).

Geddes and Grossets (1997) noted that menopause is the time in a woman's life when the ovaries no longer release an egg cell every month and menstruation ceases. In other words, the woman is no longer able to bear a child naturally. Menopause may be marked by a gradual decline in menstruation or in its frequency or it may cease abruptly. There is a decline in the sex hormones, and this causes a number of physical symptoms such as depression, hot flashes, palpitations and vaginal dryness. In the long term, there is a gradual loss of bone (osteoporosis) in post-menopausal women which leads to greater risk of fractures, especially of the femur in the elderly. Oluyole (1990) described menopause as the cessation of menstruation. Shortly before menopause, fertility is diminished as menstruation becomes irregular. Menopause may occur in a number of ways. There may be an abrupt cessation of menses that are never resumed, or the menstrual period may become scanty, occurring at irregular intervals with one or two menstruation missed before finally ceasing. Actual cessation of menstruation can be said to have occurred after a woman has had no menstrual bleeding for at least six months while *climacteric* refers to the period of life characterized by changes in the body that accompany the decreasing function of the ovaries (Dyre, 1979). This means that during menopause, women no longer produce eggs and are no longer fertile. Menopause brings an end to menstruation and therefore termination of the potential for natural reproduction. It is the termination of the reproductive period of life in a woman and is marked by cessation of menstrual periods (Arnold, 1990).

Adjustment Strategies and Management of Menopause

Every stage of human development is characterized by different forms of challenges (Perlmuter, 1981). Menopause is one of the stages of human development and is full of encounters, tasks and challenges which could be different from the encounter of the preceding stages of life. Therefore there are some adjustment levels that must be met in order not to cause a breakdown in the individual's menopausal life cycle.

It should be seen that adjustment to menopause cannot be automatic. According to Derek (1979), cultural and emotional influences as well as hormonal tides affect the peri-menopausal woman. There is the need for the woman to accept a different social role. The irritability encountered amongst peri-menopausal women may be due to psychological factors and altered steroid production which menopausal women should accept. Derek (1979) and Jones (1984) enumerated three phases of psychological adjustment to climacteric (1) a period of impact, during which feelings of anxiety and turmoil are experienced (2) a period of recoil. This may last for months, irritation, depression and mood changes are common and feelings of rejection noticeable (3) readjustment. This phase leads to a firm adjustment to the new role.

Keep (1976) pointed out that, the influence of a culture in which a woman lives seems to be of importance to the way in which she adjusts to menopause. Jones (1984) pointed out that cultural and emotional influences, as well as hormonal tides, affects the peri-menopausal woman and the dissociation of the effects of the soma from those of the psyche is inexact and liable to biased interpretations. Good nutrition (healthy diet) can ease menopause experiences, prevent the onset of chronic illness and give the vitality needed in midlife. Fonda (1984) also pointed out that regular exercise affects how well the eaten food is utilized by the cells for building and for repair. In midlife the quality and quantity of the nutrients taken are very important because of the normal changes that come with age. So there is a need to combine exercise with healthy eating habits so as to feel better and look fine and also to improve ability to cope with stress. It is therefore important to establish regular eating habit.

In order to relieve symptoms of menopause, as well as to reduce specific health risks in the menopausal and postmenopausal women, physicians often prescribe the synthetic hormones estrogen and

sometimes androgens. This alleviates symptoms of menopause, and may increase verbal memory. It may also counteract some serious health problems associated with menopause. It is necessary to eliminate caffeine and alcohol intake, stopping smoking and taking vitamin supplements. Exercise helped alleviate menopausal symptoms (Fonda, 1984). It has been suggested that adequate calcium and vitamin D intake together with oral fluoride medication and adequate exercise and physical activity on a regular basis to stimulate osteoblastic activity, are far more important than estrogen therapy in the management of osteoporosis (Green, 1977).

Attention to the psychological components of the symptoms of the "change of life" is usually of greater importance than hormone replacement therapy (Jones, 1984). This is best done after a careful history and thorough examination have reassured both patients and physicians that no organic disease exists, emphasizing that, this change in female physiology is a normal biologic event. The menopause process and accompanying symptoms can be explained in simple terms, any misconceptions concerning harmful or undesirable effects (e.g. obesity, cancer, insanity, loss of sexual function) dispelled.

Problem

In Nigeria, many women are faced with the problems of menopause and of the adjustment to these problems. Most women are faced with the problem of hot flushes, memory loss, fatigue, aches and pains; insomnia e.t.c. and It appears that most of these women do not know appropriate adjustment strategies towards menopausal problems.

There have been research studies on the incidence of menopause by Novak, (1953), Benjamen, (1960); Freese (1971); Flint (1975) and Falade (1992). Most of these studies were foreign based and the work were done long time ago. Most of these studies on menopause had focused on attitude of people towards menopause. They include; Attitudes of menopausal Nigerian Women towards menopause by Oyebanre (2002) and Olatunji (2007) who looked into the problems associated with menopause as perceived by middle-aged women in Osogbo Metropolis.

The previous researches carried out focuses on attitudes of menopausal Nigerian women, problems associated with menopause using a case study of Ilorin and Osogbo metropolis respectively. An encompassing study is however, needed to be carried out on the adjustment strategies towards menopause-related problems employed by menopausal women in Kwara state using variables such as religious affiliation and job type to find out the differences in adjustment strategies towards menopause-related problems of menopausal women.

Research Questions

The following research questions were raised based on the statement of the problem:

1. What are the adjustment strategies towards menopause-related problems employed by menopausal women in Kwara State?
2. Are there differences in the adjustment strategies towards menopause-related problems employed by menopausal women in Kwara State on the bases of religious affiliation and job type?

Hypotheses

Ho1: There is no significant difference in the adjustment strategies towards menopause-related problems employed by menopausal women in Kwara State on the basis of religious affiliation.

Ho2: There is no significant difference in the adjustment strategies towards menopause-related problems employed by menopausal women in Kwara State on the basis of job type.

Methodology

The researchers adopted the descriptive survey design. Descriptive survey provides an opportunity for the researcher to present information about the characteristics within a particular field of study with the purpose of providing a picture of situations, as they naturally exist (Burns & Grove, 1995). Olayiwola (2007) noted that descriptive research is concerned with the collection and analysis of data for the purpose of describing, evaluating or comparing current event or prevailing practices. The population for the study

comprised all literate menopausal women in Kwara State while the target population consisted of four hundred and sixty six thousand, six hundred and sixty six (466,666) people (NPC, 2006). The researchers employed multi-stage sampling procedure to select the respondents.

There are three senatorial districts in Kwara State therefore at stage 1, purposive sampling procedure was used to select the three senatorial districts in Kwara State viz; Kwara Central, Kwara North and Kwara South were selected so as to ensure almost equal access to the respondents. At stage 2, Purposive sampling technique was also used to select menopausal women in Kwara State from schools, offices, markets, religious and academic institutions.

At stage 3, the proportional stratified sampling technique was chosen to select four hundred and sixty six (466) respondents from the three Senatorial Districts Kwara State, Respondents were proportionally selected from each Senatorial District viz Kwara Central (208), Kwara North (123) and Kwara South (135) to make a total of four hundred and sixty six respondents (466). A proportional stratified sampling according to James (2010) provides the researcher the opportunity to select respondents at random from the subgroup in proportion to the size of the group in the total population. The variables of interest to the researchers were religion and job type.

Instrumentation

For the purpose of this study, the researchers developed a questionnaire tagged "Adjustment Strategies towards Menopause-related Problems Questionnaire" (ASMPQ) was used for data collection. The questionnaire comprises two (2) sections; A and B. Section A focuses on the demographic data of the respondents which include information on religion and job type. Section B contains twenty (20) items which seek to elicit information on the adjustment strategies to menopause-related problems employed by menopausal women. The respondents responded to the items using: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

Validity

In order to ascertain the validity of the instrument, the draft of the questionnaire was given to four lecturers in the Department of Counsellor Education, University of Ilorin for vetting and advice. Sequel to their suggestions, necessary amendments were made.

Reliability

The reliability of the instrument was ascertained by using the test re-test reliability method. The instrument was administered to a group of twenty (20) literate menopausal women in Ilorin, who do not form part of the respondents for the study and after an interval of four weeks; the same instrument was re-administered to the same group of people. The two sets of scores were correlated using the Pearson Product Moment Correlation Co-efficient formula. The correlation co-efficient obtained was 0.62 at 0.05 alpha level of significance. Based on this, the instrument was adjudged reliable for the study.

Procedure for Instrument Administration and Data Collection

The researchers personally administered the instrument on the selected respondents with the help of trained research assistants. The questionnaire was collected back immediately. The personal involvement of the researchers according to Best (1981), is necessary because of the advantage of establishing rapport between the researcher and the respondents and the opportunity of explaining items that might not be so clear to the participants. Section A which consists of two items dealing with demographic data were scored and analysed statistically using frequency count and percentages with no point assigned to the items. Section B with 20 items on adjustment strategies towards menopause-related problems was scored using the four points Likert-type rating scale format of: Strongly Agree (SA) = 4 points; Agree (A) = 3 points; Disagree (D) = 2 points; Strongly Disagree (SD) =1 point. The highest score any respondent could obtain in section B consisting of 20 was 80 (i.e. 4×20) while the lowest score was 20 (i.e 1×20). Therefore, the range was 60 (80-20). The midpoint was 30 (60/2). The cut-off point was 80-30 or 20+30 which in either case is 50. Those respondents who obtained 50-80 were considered to have shown intense adjustment strategies towards menopause-related problems while respondents who obtained below 50 were considered to have mild adjustment strategies towards menopause-related problems.

Data Analysis

The data obtained were analysed using percentages, mean and standard deviation as well as rank order for the descriptive data while t-test and Analysis Of Variance (ANOVA) statistical analysis were used to test the null hypotheses generated.

Results

Table 1: Distribution of Respondents by Religion and Job Type.

No.	Variables		Frequency	Percentage (%)
1	**Religion**	Christianity	287	61.6
		Islam	179	38.4
		Total	**466**	**100.0**
2	**Job Type**	Civil Service	330	70.8
		Self-Employed	136	29.2
		Total	**466**	**100.0**

Table 1 indicates that 287 (61.6%) are of the Christianity religion while 179 (38.4%) of the respondents were Muslims. Finally, it reveals that 330 (70.8%) of the respondents were civil servants while 136 (29.2%) were self-employed.

Table 2: Rank Order Analysis of Adjustment Strategies employed by Menopausal Women in Kwara State

Item no	Menopausal women adjust to menopause-related problems by:	MEAN	RANK
1	maintaining good sleep hygiene	3.11	1st
3	refusing to spend too much time in bed	2.76	2nd
11	recalling pleasurable sensual experiences	2.74	3rd
20	taking more calcium	2.55	4th
6	practicing deep breathing	2.54	5th
18	taking balanced diet	2.51	6th
7	using vaginal lubricant before sexual intercourse	2.50	7th
8	reducing stress through regular exercises	2.42	8th
2	eating less fat	2.40	9th
10	sleeping on all-cotton sheets and pillowcases	2.30	10 th
15	cooking with garlic	2.19	11 th
4	adjusting the temperature of the room	2.15	12 th
19	focusing on proteineous food at mid-day	2.15	12 th
14	eating more fish	2.14	14 th
16	staying away from smoking	2.13	15 th
17	drinking more water	2.13	15 th
9	monitoring my reaction to spicy foods	2.10	17 th
12	avoiding alcoholic beverages	2.06	18 th
5	eating small meals every two or three hours	1.87	19 th
13	staying physically active	1.75	20 th

Table 2 presents data on the adjustment strategies employed by menopausal women to menopause-related problems. Items 1, 3 and 11 were ranked as top three items. Item 1 which states that "Menopausal women adjust to menopause-related problems by maintaining good sleep hygiene" was ranked first with a mean score of (3.11). Item 3 which states that "Menopausal women adjust to menopause-related problems by refusing to spend too much time in bed" was ranked second with a mean score of (2.76). Also, item 11 which states that "Menopausal women adjust to menopause-related problems by recalling pleasurable sensual experiences" was ranked third with a mean score of (2.74). However, items 12, 5 and 13 were ranked as the least three adjustment strategies employed by menopausal women to menopause-related problems in Kwara State. Item 12 which states that "Menopausal women adjust to menopause-related problems by avoiding alcoholic beverages" was ranked eighteenth with a mean score of (2.06). Item 5 which states that "Menopausal women adjust to menopause-related problems by eating small meals every two or three hours was also ranked nineteenth with a mean score of (1.87). Also, item 13 which states that

"Menopausal women adjust to menopause-related problems by staying physically active" was ranked twentieth with a mean score of (1.75). Then, it can be said that majority of the respondents are of the view that they employed a very high/intense and good adjustment strategies.

Table 3: Means, Standard Deviation and t-value of Respondents' on Adjustment Strategies to menopause-related problems Based on Religion

Religion	No	Mean	Standard Deviation	df	Calculated t-value	Critical t-value
Christianity	287	46.49	10.19			
Islam	179	46.50	9.88	464	-.006	1.96

Table 3 shows the results obtained from analysis of the data which indicates the calculated t-value of .006 was less than the critical t-value of 1.96 at the 0.05 level of significance. Thus, on the basis of this result, the null hypothesis which states that there is no significant difference in the adjustment strategies towards menopause-related problems employed by menopausal women in Kwara State on the basis of religion was accepted.

`Table 4: Means, Standard Deviation and t-value of Respondents' on Adjustment Strategies to menopause-related problems Based Job Type

Group	No	Mean	Standard Deviation	df	Calculated t-value	Critical t-value
Civil Service	330	46.62	10.30			
Self-Employed	136	46.20	9.50	464	-.40	1.96

Table 4 shows the results obtained from analysis of the data which indicates the calculated t-value of .40 was less than the critical t-value of 1.96 at the 0.05 level of significance. Therefore, the difference was not significant. On the basis of this result, the null hypothesis which states that there is no significant difference in the adjustment strategies towards menopause-related problems employed by menopausal women in Kwara State on the basis of job type was accepted.`

Discussion

The analysis of Section B of the questionnaire revealed the adjustment strategies employed by menopausal women. Table 2 shows that Out of all the items in section "B" item 1 which states that "Menopausal women adjust to menopause by maintaining good sleep hygiene" was ranked first with a mean score of (3.11). The result of this finding is in contrast with the observations of Stone and Pearlstein (1994) that most women will not have significant psychological sleep disturbances during the transition from menstrual to menopausal life nor exhibit depressive symptoms. This may be as a result of the fact that sleep deprivation affect people differently. A profound sleep disturbance may cause memory disorder or make concentration difficult. Item 3 which states that "Menopausal women adjust to menopause by refusing to spend too much time in bed" was ranked second with a mean score of (2.76). The result of this finding is in contrary to the view of PDR Family Guide to women's health (2006) that lack of sleep can make a woman feel mentally and physically exhausted. Also, item 11 which states that "Menopausal women adjust to menopause by recalling pleasurable sexual experiences" was ranked third with a mean score of (2.74).

The result of this finding is in contrast with the view of Aremu (1994) who reported that sexually active older women report a change in their attitude towards sex and find that sexual activity has greater variety and greater enjoyment. For many menopausal women sex ceases to be mainly genital but includes body contact, touching and hugging as well as sexual intercourse. According to him sexuality after the change of life is determined largely by the patterns established in youth; that is if you have an active and pleasurable sex life when you are young, you are likely to have a similarly enjoyable sexual life when you are older. Moreso, Aremu (1994) argued that women sexual desire should increase at menopause. The hormone most directly associated with sexual desire is not estrogen but rather testosterone. The production of testosterone by adrenal glands is virtually unaffected by menopause. For most women, there is more sexual

interest, pleasure and capacity for orgasm. For many the desire for and enjoyment of sex appears to rise continuously in to middle years and remain stable from that time on. This submission overthrows the old conception that sexuality somehow disappears for the mature woman.

Table 3 shows the result of Means, Standard Deviation and t-value of Respondents' on adjustment strategies towards menopause-related problems on the basis of religion. The hypothesis stated that there is no significant difference in the adjustment strategies employed by menopausal women in Kwara State to menopause-related problems based on religion. The hypothesis was tested using t-test and the result of the finding shows that the hypothesis was accepted since the cal. t-value of .006 is less than the crit. t-value of 1.96. Therefore, there was no significant difference in the adjustment strategies employed by menopausal women in Kwara State to menopause-related problems based on religion. The finding of this study is contrary to the submission of Oyebanre (2002) that differences existed in the perceived adjustment needs of menopausal Nigerian towards menopause on the basis of religion, which indicates that religion has effect in the adjustment needs towards menopause. The result may be as a result of the fact that menopause-related problems are not religion inclined.

The second hypothesis stated that there is no significant difference in the adjustment strategies employed by menopausal women in Kwara State to menopause-related problems based on job type. The hypothesis was tested using t-test and the result of the finding shows that the hypothesis was accepted since the cal. t-value of .40 is less than the crit. t-value of 1.96. The result of the finding is in line with the findings of Olutade (2008) who posited that there exists no significant difference in the strategies for coping with menopause as expressed by menopausal women on the basis of job type. The result of this finding may be attributed to the fact that menopausal women experience menopause-related problems regardless of their job type. This may be as a result of the fact that menopause-related problems are not job specific.

Conclusion

On the basis of the findings, the following conclusions were drawn:

- Religion does not have significant difference in the adjustment strategies employed by menopausal women in Kwara State to menopause-related problems.
- Type of job does not have significant difference in the adjustment strategies employed by menopausal women in Kwara State to menopause-related problems.
- The greatest adjustment strategies employed by menopausal women in Kwara State to menopause-related problems was maintaining good sleep hygiene.

Counselling Implications

So far it has been established that menopause is one of the stages of human development, which is full of problems and challenges which could be different from the encounter of the preceding stages of life. Therefore, there are some adjustment levels that have to be met in order not to cause a break down in the individual's menopausal life cycle. Counselling today includes developmental, preventive and remedial roles at every stage of individual life (Adegoke, 2004). The results obtained from the study have important implications for Counsellors.

Counsellors are in ideal positions to provide intervention and education for women experiencing midlife transitions. Counselling can also serve as preventive roles in helping women of all ages to understand developmental state and the effect of human developmental stages. To provide effective care, Counsellors need to increase their knowledge about the reality of the physical symptoms with menopause, and examine their personal attitudes. During the counselling process, attention needs to be given to client on socialization process, feeling about aging, current life event and stresses and attitude towards transitions (Pattersons, 1988).

It is important for counsellors to become knowledgeable about symptoms of menopause and appropriate strategies for coping with menopause-related problems and to make referrals to physicians when necessary. In addition, counsellors need to be aware that attitudes of women about menopause and aging may be affected by their values and tradition, attitudes towards transition and femininity thus, Counsellors need to increase their level of self-awareness and sensitivity to the issue. Counsellors can also help women understand there socio-cultural perspectives within a frame work of personal values and life experiences. To move forward to self, some women need to be helped to face the challenges of the

transition process to another stage of life. Because there are no formal rites of passage into midlife, psychotherapy can serve as a facilitator for the midlife transition (Stein & Stein, 1987).

Counsellors should help late midlife women recognize the cumulative knowledge they have gained through life experience because most women have had to balance multiple roles, they can view the flexibility they have learned in the process as an advantage. Counsellors can emphasize the midlife period as a time for continued growth in which individual creativity can be expressed. Another important reason why counsellors should facilitate adjustment strategies to menopause-related problems is to be the initiator of support groups for midlife women. Counsellor can spread their influence by becoming involved in the training of peer counsellors to lead support groups and outreached programme for midlife women (Patterson, 1988)

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