Gender & Behaviour, Volume 9 Number 2, December 2011
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THERAPEUTIC VALUE OF ADJUSTMENT PRACTICES AND COPINING WITH GRAND CHILDREN FOR MENOPAUSAL WOMEN IN NIGERIA

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Abstract

Menopause is one of the stages of human development and is full of encounters, tasks and challenges; it could be different from the encounter of the preceding stages of life. This study examined the therapeutic value of adjustment practices toward menopause and evaluates the effectiveness of health education on coping methods among menopausal Nigeria women.

Women aged 40 years and above who had stopped menstruating for twelve consecutive months prospectively studied in Nigeria across geo political zone over a three years period (February 2007 to march 2010).

The mean ages of study and control groups were 57.2±1.2 and 58.2±1.9 years, respectively, There was a statistically significant increase in the study respondents' adjustment practices towards menopause from 56 (31.5%) to 150 (86.7%) post-intervention (p value = 0.000001), At both pre- and post-intervention studies, menopausal women with post- secondary education ranked first in their adjustment practices towards menopause

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A significant percentage of the respondents in the study group are better adjusted to menopause after health education intervention on coping methods as compared with control group. At pre-interventions all other respondents had poor adjustment practices except for those with post secondary education who had mean score above 40.0. This showed the impact of health education intervention on the sample population. This corroborated Giwa-Osaige's findings that women generally irrespective of educational status had poor reproductive health seeking behaviors. However, health education intervention on coping and adjustment practices had a significant impact on menopausal women.

In conclusion; the respondents had poor adjustment practices towards menopause with mixed feelings about religious obligation and cohabitation. Menopausal women in Nigeria expressed significant good adjustment practice after serial adjustment intervention. Whereas there was more adjustment needs for the control group

Key words; coping with grand children, adjustment practices, menopausal women

Introduction

Menopause is the time in a woman's life when menstruation ceases and natural reproductive stage ends. It is a natural part of the ageing process in females and usually occurs within the age range of 40-55 years. NPHCDA, (1999). However, according to Okonofua F.E, (1990), the average age for the final menstrual period is 48.4 years.

Since menopause is one of the stages of human development and is full of encounters, tasks and challenges, it could be different from the encounter of the preceding stages of life. Therefore, there are some adjustment practices that must be met in order not to cause a breakdown in the individual menopausal life cycle. Many menopausal women engage themselves in business, or revive some interesting activity in which they showed talent, or had some training in their youth before the business of making a home took up all their time. Giwa-Osagie O.F (2003)

Some women take on masculine characteristics of a physical nature and their mental behaviour follows the masculine pattern, thus engage in business, politics and become active in social leadership. Many women even take up careers after menopause since their ability to reproduce is lost, while some others who would not find such new outlets become greatly interested in their married sons and daughters. Johson B.C (1982)

Primary focus of existing health care and expenditure of government resources is on maternal and child health, while the use of scarce resources for the treatment of non-life threatening conditions, such as the menopause, has low priority. In settings where private medical services exist, medical care for menopause-related complaints may be available, but at a cost which few women can afford. This study examined adjustment practices toward menopause and evaluates the effectiveness of treatment/interventions methods among menopausal Nigeria women.

Subjects, Material and Methods

Women aged 40 years and above who had stopped menstruating for twelve consecutive months prospectively studied in Nigeria across geo political zone. Women of age greater than 40 years but still menstruating were excluded.

A semi-structured questionnaire was used to collect information from the subjects using interview method. Research Assistants made up of community health workers and medical students were recruited and trained for two days on data collection survey method. Skills and language proficiency of the interviewers was verified through role-play and pre testing. The questionnaire was translated to local languages of Yoruba, Hausa, Efik, Ibo and used for respondents who do not understand English language. The questionnaire contained relevant information on the respondents' socio-demographic characteristics, coping and adjustment practices towards menopause

Results

At Pre-intervention 2,160 questionnaires were administered to both the study and control groups. Out of these, 2310 (99.4%) were duly filled and completed. At post-intervention, 2,160 questionnaires were administered to both the study and control groups, 2130 (98.6%) were duly filled, completed and analyzed.

Table 1: Sociodemographic Characteristic of the Respondents (pre-intervention)

Variables	Study Group (N=1068) Freq. (%)	Control group (N=1080) Freq. (%)
AGE (in years)		
40-49	336 (31.5)	384 (35.6)
50-59	420 (39.3)	420(38.9)
60-69	246(23.0)	192(17.8)
70 and above	66 (6.2)	84 (7.7)
Total	1068 (100.0)	1080 (100.0)
EDUCATIONAL STATUS		
None	504(47.2)	450(41.7)
Primary	192(18.0)	300(25.2)
Secondary	174(16.3)	234(21.7)
Post- Secondary	198(18.5)	126(11.4)
Total	1068(100.0)	1080 (100.0)
MARITAL STATUS		
Married	702(65.7)	648(60.0)
Widowed	294(27.6)	3 60 (33.3)
Divorced	30(2.8)	48 (4.4)
Separated	42(3.9)	24 (2.2)
Total	1068(100.0)	1080 (100.0)
OCCUPATION		
Senior Professionals	104(14.6)	114(10.6)
Intermediate Professionals	156(21.9)	132(12.2)
Junior Professionals	140(19.7)	282(26.1)
Skilled Workers	200(28.1)	330(30.5)
Unskilled Workers	72 (15.7)	222(20.6)
Total	1068(100.0)	1080(100.0)
GROUP MEMBERSHIP*		
Religious group	408(66.3)	876(81.1)
Women group (Age based group)	348(32.6)	384(35.6)
Work related group	252(23.6)	156 (14.4)
Co- operative group	216(20.2)	48 (4.4)
Social /Friend group	132 (12.6)	48(4.4)
Others	108 (10.1)	108 (10.0)

* Multiple responses

Over one-third of the respondents study 70 (39.3%), control 70 (38.9%) were within 50-59 years of age old. The mean ages of study and control groups were 57.2±1.2 and 58.2±1.9 years, respectively. Majority of the respondents study 129 (72.5%), control 150 (83.3%) were of Islamic faith while 49 (27.5%) of the study group and 30 (16.7 %) of control were Christians.

Nearly all the respondents study 144 (80.9%), control 152 (84.5%) were of the Yoruba ethnic group while the other ethnic groups, were Nupe, and Baruba. Over half of the respondents study 94 (52.8%), control 105 (58.3%) had formal education while 84 (47.2%) and 75

(41.7%) of study and control groups, respectively, had no formal education.

Most of the respondents study 117 (65.7%), control 108 (60.0%) were married but 49 (27.6%) and 60 (33.3%) of the study and control groups respectively, were widowed. Many of the respondents were skilled workers and they constituted 50 (28.15) and 55 (30.55) of the study and control group respectively.

Some types of Group's membership are more commonly found than others. Religious groups study 118 (66.3%), control 146 (81.1%), and age based women groups study 58 (32.6%), control 64 (35.6%) were the most common social support networks for menopausal women in Ilorin metropolis. Formal groups such as work-related groups study 42 (23.6%), control 26 (14.4%) and co-operatives study 36 (20.2%), control 8 (4.4%) are not frequently reported. The pattern of sociodemographic distribution in both study and control group were the same.

Table 2: Respondents' Adjustment Practices Towards Menopause

Adjustment practices Towards menopause	Study Group Pre (Freq.%)	Post (Freq.%)	Control Group Pre (Freq.%)	Post (Freq.%)
Positive	432 (31.5)	900 (86.7)	360 (33.3)	96 (8.9)
Negative	732 (68.5)	150 (14.3)	720 (66.7)	984 (91.1)
Total	1068(100)	1050(100)	1080(100)	1080(100)
p value for pre/post X^2=106 df=1 p value= 0.0000001			x^2=32.29 df=1 p value 0.00001	

There was a statistically significant increase in the study respondents' adjustment practices towards menopause from 56 (31.5%) to 150 (86.7%) post-intervention (p value = 0.000001), unlike among the control group where the declining trend from 60 (33.3%) to 16 (8.9%) was also significant p value = 0.000001.

Table 3: Distribution of the respondents by way of adjustment practices towards menopause

Various methods of Adjustment Practice	Study group (%) Pre(1068) Post(1068)	Control group (%) Pre (1080) Post(1080)
PSYCHOLOGICAL Good Poor *P value*	492(46.1) 786(74.9) 576(53.9) 264(25.1) x2= 9.33 P value =0.002256	264(24.4) 240(22.2) 816(75.5) 840(77.8) x2 =0.25 p value=0.618171
MEDICAL Good Poor *p value*	324(30.3) 906(86.3) 744(69.7) 144(13.7) x2=7.99 p value= 0.004700	432(40.0) 360(33.3) 648(60.0) 720(66.7) x2 = 1.72 p value=0.189373
SOCIAL Good Poor *p value*	384(36.0) 936(89.1) 684(64.0) 114(10.9) x2 =7.32 p value= 0.006820	336(31.1) 168(15.6) 744(68.9) 912(84.4) x2= 12.17 p value=0.000485

There was a statistically significant increase in the study respondents' psychological, medical and social adjustments practices to menopause (p value = 0.050000), unlike among the control where a significant change in adjustment practices was observed only in social adjustment practices (p value =0.000001).

Table 4: Rank-Ordered Mean Score of Respondents' Adjustment Practices towards Menopause by Socio-demographic Variables

Age **40-49** **50-59** **60-69** **70 and above** *p value*	**33.35 4th 35.00 4th** **33.98 3rd 38.45 3rd** **35.60 2nd 51.69 2nd** **38.38 1st 52.39 1st h** *t=15.30 df=3* *sig.(2 tailed)=0.001000*	**38.07 4th 35.43 1st** **37.11 2nd 35.33 2nd** **35.00 3rd 34.93 3rd** **34.00 1st 32.50 2nd** *t=2.804 df=3* *sig. (2 tailed)=0.068000*
Education Status **None** **Primary** **Secondary** **PostSecod** *p value*	**34.00 4th 50.90 4th** **34.32 3rd 51.30 3nd** **35.74 2nd 51.60 2nd** **41.43 1st 52.94 1st** *t=10.674 df=3* *sig. (2 tailed)=0.00200*	**22.00 4th 32.68 4th** **27.00 3rd 35.00 3rd** **34.00 2nd 35.68 2nd** **35.00 1st 42.00 1st** *t=3.624 df=3* *sig. (2 tailed)=0.036000*
Marital Status **Married** **Widowed** **Divorced** **Separated**	**36.31 2nd 56.00 1st** **35.76 3rd 51.68 2nd** **34.78 4th 37.20 3rd** **36.75 1st 38.00 4th** *t=12.00 df=3* *sig. (2 tailed)=0.0010*	**36.70 2nd 46.00 1st** **37.44 1st 35.00 2nd** **34.50 3rd 33.00 3rd** **32.00 4th 29.00 4th** *t=0.023 df=3* *sig. (2 tailed)=0.833000*

At both pre- and post-intervention studies, menopausal women with post- secondary education ranked first in their adjustment practices towards menopause. Menopausal women with secondary educational

status followed them in second position. However, there was a statistically significant (p = 0.000001) increase in adjustment practices towards menopause for the study group as compare to control group (p = 0.050000).

Discussion

Adjustment practice is determined by attitude, which in turn is influenced by education and beliefs among other things. In this study a significant percentage of the respondents in the study group are better adjusted to menopause after health education intervention as compared with control group. This showed the impact of health education intervention on the sample population. The respondents adjustment practices during pre-intervention phase of the study is not encouraging as majority 122 (68.5%) and 120 (66.7%) for both study and control groups respectively had poor adjustment practices to menopause. The consequences of such poor adjustment practices at pre-intervention made many respondents in deny their vulnerability to short and long-term consequences of menopause. Such adjustment practices neither promote health nor prevent diseases. This finding was as a result of the influence of social environment and respondents' attitude towards menopause. This is in line with Giwa-Osaige's (2003) submission that health-seeking practices of most Nigerian women is poor when it comes to health matters irrespective of educational status. At post-intervention period, there was an improvement in adjustment practices of the study group over the pre-intervention period by 94 (55.2%). This positive shift in adjustment practices towards menopause was found to be statistically significant (p = 0.00001). The age, educational, marital status and tribe are sociodemographic factors that have shown significant association with willingness to learn more about menopause and willingness to avoid its negative effect. In addition, these factors determined the perception to menopause and disease associated with menopause and invariably their adjustment practices towards menopause.

Table 11 showed that the generality of surveyed menopausal women adopted the following adjustment practices towards menopause after health education intervention psychological adjustment practices study group 131 (74.9%) and control group 40 (22.2%), medical/health adjustment practices study 151 (86.3%), control 60 (33.3%) and social adjustment practices study 156 (89.1%), control 28 (15.6%). In addition this was also attributed to the fact that more than half of the respondents who participated in the study were

literate, a situation that might have contributed positively to the impact of health education intervention to knowledge and awareness of menopause as a transitory stage of development among women folk.

Socially, women belong to one association/group or the other where fun and experiences may likely be created and shared. These offer supports to individual members. High percentage 156 (89.1%) of the study menopausal women was able to adjust socially due to the type of interactions depicted above. Most of the women visited their health worker for advice and treatment after health education. These are habits that might have caused them to face menopause with a relaxed mind. The results showed that, though menopausal women were well adjusted psychologically, this was at a lower level than social and medical adjustment practice.

From the analysis; it was found that significant differences existed in adjustment practices of menopausal women on the basis of age. This confirmed a previous study by Janice E (1982), that some women pass through the menopausal period unaware of the transitions while others find it difficult to put in optimal practices for better adjustment and to accept the changes. This was as a result of the fact that majority of the respondents were not prepared for menopausal changes (fig 1). Significant differences existed in the adjustment practices of menopausal women of different educational status. At pre-interventions except for those with post secondary education with mean score above 40.0, all other respondents had poor adjustment practices. This is corroborated by the findings that women generally, irrespective of educational status, had poor reproductive health seeking behaviors, this is consistent with finding of Youngs DD (1990). However, health education intervention had a significant impact on menopause.

On the basis of religious affiliation, it showed that significant difference existed after health education intervention in the adjustment practices of menopausal women. The results of this study indicated that the respondents, irrespective of religious affiliation, adjusted differently to menopause.

In conclusion, more than half of the respondents had poor adjustment practices towards menopause with mixed feelings about religious obligation and cohabitation. Menopausal women in Nigeria expressed significant good adjustment practice after serial adjustment intervention. Whereas there was more adjustment needs

for the control group. The behavioral change intervention significantly influenced adjustment practices of menopausal women.
We hereby recommend that all opportunities the heath workers have to provide health education on menopause should be maximal utilized to include advice on early reporting of symptoms and signs of menopause.
In a related strategy to enhance women's adjustment practices towards menopause health workers in health facilities should establish well – women - clinics and social support networks for women over 40 years to meet regularly to discuss their health problems. In this way, they can share each other's experiences while being advised by medical personnel.
We urge stakeholders to further strengthen the primary health care programmes, intensify provision of basic amenities such as accessibility to free essential drugs in the hospitals and be more committed in community health education as regards menopause.

ACKNOWLEDGEMENT
We acknowledged University of Ilorin Teaching Hospital, Ilorin Kwara State Nigeria. For proving enabling environment for this research and Community Initiative for Family Care and Development (CIFcad) for the financial and logistics support to the programme.