

Menopause Perception and Care of Menopausal Women in Nigeria

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Abstract

Menopause is one area that has been shrouded in myths and taboos, especially as related to the behaviour of women. The study, therefore, examined the perception of menopause and the adjustment practices adopted by menopausal women in Nigeria. The study involved both quantitative and qualitative method. For quantitative method, the researchers designed a cross-sectional study, using structured questionnaires, targeting menopausal women in their households. Qualitative method adopted focal group study of menopausal women aged 40 years and above. Six sessions were held for six different focal groups, each lasting 1-2 hours. A tape recorder and a notepad were used to record the discussions. Opinions of the women were sought on socio-cultural differences in the perception of menstruation, causes and consequences of menopause, sexual intercourse after menopause, social support networks for menopausal women and types of care and treatment for women in menopause. The participants in the FGDs used various phrases to describe menopause in local terms; while some of the participants attributed menopause to diseases others viewed that it could be caused by witchcraft or sorcery. However, younger and old women whose menstrual flow stopped prematurely sought assistance often from traditional or spiritual healers. It was found that participants had poor knowledge of menopause and mixed feelings about religious obligations and cohabitation. In line with the findings of the study, it was recommended that women should be educated on causes and medical conditions associated with menopause. Also, education modules should be developed to assist women perceive menopause in a more positive way.

Keywords: Focus group discussion, menopause, menstruation and myths

Results

All the women who met inclusion criteria participated in FGD. The mean age of the respondents was 57.2 ± 1.2 . Majority of the respondents 129(72.5%) were Muslims. 144(80.9%) were of Yoruba ethnic group and 117(65.7%) were married. Over half of the respondents 94(52.8%) had some form of formal education. Table 1 shows the socio-demographic characteristics of the respondents.

Respondents' Perception of Menstruation

When participants were asked why women menstruate every month, some participants provided the following responses:

- (a) *Menses allow women to be able to conceive. It is natural because during the month there is a nest that forms in the womb and if there are sexual relations, the eggs fall out of this nest (Apo) and forms the menses, which flow to get out.*
- (b) *When the sperm has not met with the eggs during the fertile period and when the eggs are spoiled they are gotten rid of in the form of blood. This phenomenon happens every month.*
- (c) *Menstruation represents "dirtiness" within women that has to be expelled from the body. If this "dirtiness" remains inside, it may hamper future conception.*
- (d) *The importance of the periods is that they get rid of internal dirtiness of the women in order to facilitate fertilisation. The bleeding that happens to women each month is for no other reason but because it is the dirtiness that comes out in the form of blood. There is no other method of cleaning out the inside and the periods play this role.*

Perceived Meaning, Causes and Consequences of Menopause

When the respondents were asked what menopause meant, its causes and consequences, there was a consensus that menopause was part of an ageing process. The participants in the FGDs used various phrases to describe menopause in local term. Some of such phrases were "Kolelo agbala moo" (i.e. she can no longer procreate); "Alejo re ti lo" (i.e. her menstruation has ceased); "Asiko re ti to" (i.e. her time is up); and "o ti di okunrin" (i.e. she is now a man).

Some of the participants attributed diseases to be a cause of menopause while others believed that it could be caused by witchcraft or sorcery. The most dreaded social consequence of menopause is the risk that a husband may take another wife

Introduction

Women in midlife face a variety of challenges. These challenges include the physiological and psychological concerns associated with menopause. Many women go through these years without any difficulty but for some, it is a time of real stress, which is often made difficult because of ignorance and lack of knowledge according to Fox, Sheeha and Del (1999). Most societies have localised sets of social beliefs about different aspects of life, including menopause. In some cultural settings, it is believed that menopausal women become wiser and thereafter can rise in social status and even assume leadership positions; findings by Kaufert (1996); Zurayk, Sholkamy and Khattab (1997). However, menopause is associated with losses, poor health and low self-esteem. According to Yangi, Kukulu and Sozer (2010), the most important aspect of polyclinic services related to menopause is to increase and maintain women's quality of life.

Paterson and Lynch (1988) found that menopause is one area of human physiological development that has been shrouded in myths and taboos. Women are led to expect an inevitable and swift decline in their physical, psychological and intellectual well-being which means becoming unhealthy, emotionally bereft and mentally dull. A survey reports by Quinn (1991) found that separating myth from reality may be difficult for women who do not usually seek medical advice about the menopause on a routine basis. Hsien-An, Meng-Hsing, Chao-Chin, Bor-Lin and Ko-En (2002) investigated the perception of menopause among women in Taiwan and also evaluated the prevalence of various acute menopausal symptoms and women's attitudes towards receiving hormone replacement therapy. The researchers designed a cross-sectional study, using structured questionnaires, targeting women who attended the health information seminar on the menopause and HRT, held in an urban area in Taiwan. More than 2000 questionnaires were collected but only 386 women completed all items of the questionnaire and were included in the study. Among them, 161 women were postmenopausal and their responses to questions regarding acute menopausal symptoms were collected for statistical analysis. The other 225 women were non-menopausal and their perception of menopausal symptoms was also collected for analysis. Qualitative data, in the form of transcripts, were interpreted using text-based content analysis. The study found that among the sampled women, 375/386 (97%) had previously heard of the menopause but only 207/386 (53%) knew the definition of the term. The most commonly indicated source of knowledge on the menopause was reading material, such as newspapers and magazines 283/386 (43%); less common sources of information were friends 141/386 (22%), medical personnel 114/386 (18%) and family members 49/386 (8%). Among the participants, 276 (71%) thought they should receive therapy. The most common acute menopausal symptoms in postmenopausal women and perception of menopausal symptoms in non-menopausal women, respectively, were insomnia 68/161 (42%), 111/225 (49%); hot flushes 61/161 (38%), 115/225 (51%); heart palpitation 55/161 (34%),

Methodology

The study followed a qualitative approach towards evaluating the perception of menopausal women on the subject of menopause. Multistage sampling technique was used in selecting the participants for the study. The multistage sampling technique was carried out first by the selection of six wards in Ilorin metropolis, Nigeria, representing 50% of the 12 wards in the metropolis and three streets out of six streets in each ward are selected using a simple random sampling technique. Two houses in each street were then selected using simple random sampling technique of the ballot type. In all, a total of 238 subjects were randomly selected for the study. The participants consisted of menopausal women aged 40 years and above, living in Ilorin metropolis, who had stopped menstruating for 12 consecutive months. The researchers explained the importance of the research to the selected sample and sought their consent to participate in the study. All the women in each of the sampled houses that met the inclusion criteria for selection were interviewed. Cases where it happened that the subjects needed in the houses for the study were not available when the survey team made its visit or that the house was empty when visited, repeated visits up to three times were made until the subjects were interviewed. Ten volunteers' subjects of homogenous socio-economic background participated in the Focus Group Discussion (FGD) in the six sessions conducted for different focal groups. In all sixty subjects participated in the Focus Group Discussion (FGD). A tape recorder and a notepad were used to ensure that every aspect of the sessions was clearly recorded for ease of reference. A camera was also available to take a group photograph at the end of each session. At the beginning of each session, the researcher was introduced and the purpose of the study was explained. The benefit of such programme to the individual involved and the community at large was highlighted. Convenient sitting environment and relaxed atmosphere were provided and the sitting arrangement was in circle to permit eye-to-eye contact.

The researcher moderated the discussion while the research assistant took notes of the proceedings and a cassette recorder was placed to record the discussions. Each session lasted for 1–2 hours. The moderator (researcher) presented a summary of the discussion at the end of each session.

Processing and Analysis of Data from Qualitative Methods

After each FGD session, a debrief (meeting) was held between the moderator and recorder to examine the focus group activities and results. A longer debriefing was held at the end of the final session. The tape recordings were transcribed and reconciled with the notes taken. The full recording was then edited to remove responses/sessions that were poorly transcribed. Finally, similar responses in the FGDs were group-coded, analysed and presented.

Social Support Networks for Menopausal Women. The adjustment to major in anyone's life is easier if there is a strong social support network of friends and as well as a self-fulfilling position to occupy in the society. Interaction during indicated that well-educated women showed a high level of understanding of menopause and accepted their conditions and asserted contentment.

Types of Care and Treatment for Women in Menopause

The way menopause is viewed determines, to a significant extent, whether or not women seek treatment for menopause-related physical changes. When participants were asked the types of care treatments that menopausal women usually sought, the responses obtained are presented below:

- (a) *Some younger women whose menstrual flow stopped prematurely occasionally seek assistance from traditional or spiritual healers.*
- (b) *Menopause can be a liberating experience and I know of many menopausal women who are happy and are enjoying it. What you need is understanding of yourself and strong faith in God.*
- (c) *I drank water regularly in order to take off my menopausal problem. Every morning, on rising from bed, I drink three to four cups of water, a habit that helps me to reduce all those problems or complaints of menopause, most especially internal heat (hot flushes).*
- (d) *Anywhere I go, I never fail to use bitter leaf as a remedy for menopausal problem. I squeeze the fresh leaves in water and drink. Drinking bitter leaf twice daily relieves me of symptoms like hot flushes, internal heat and rheumatism.*
- (e) *Menopausal women should take plenty of pure honey. Those who take pure honey regularly will remain fresh, healthy and strong till old age. They will also go through menopause without falling victim of its symptoms. Mix four desert spoons of honey with $\frac{1}{2}$ glass of water and drink twice daily.*

Another useful herbal preparation to ease the symptoms of menopause was described by some of the discussants as:

- (f) *The recipe for the tincture included bulbs of garlic and pieces of ginger soaked in dry gin for about two weeks and a spoonful of the concentrate is taken every day.*

Some of the participants, however, believed that the secret to living an enjoyable and meaningful life after menopause is to take care of the body early in life.

particularly from modern medical services, until the physical complaints get more serious. This is in line with (Giwa-Osagie, 2003) submissions that health-seeking practices of most Nigerian women are poor when it comes to health matters irrespective of educational status. Several participants noted that in the past, herbal treatments were solely relied upon, compared with present day, when some women take advantage of modern alternatives.

Conclusion

From the above discussions, the pattern of behaviour displayed is learnt within a cultural, social-economic and individual context and therefore can be relearned or unlearned for new positive behaviours that will enhance the quality of human life.

Recommendations

Following the findings of this study, it is recommended that there should be continuous health education on menopause by health personnel and the mass media. The programme should not be limited to the aged only but should include the young, the middle-aged women and other members of the society. This is to promote understanding and empathic attitude towards menopausal women.

Health providers should establish well-women-clinics and social support networks for women over 40 years in order to provide opportunity for regular discussion of their health problems. Counselling services should also be provided to menopausal women prior to the attainment of the status in order to enhance effective adjustment. Jahantia, Ramezani and Hashemi (2002) also suggested the use of physical exercises as a means of reducing menopausal stress. Health personnel should recognise their roles as providers of information on important issues of reproductive health including menopause and in the provision of appropriate management of patients with signs and symptoms of menopause. Also, education modules should be developed to assist women perceive menopause in a more positive way. This will help to dispel the myths surrounding menopause.

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