Awareness Level and the Challenges of Menopause in Women in Yenagoa Metrolpolis of Bayelsa State, Nigeria

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Abstract

Background: Menopause is a universal phenomenon among women. It is a phase that signals a woman being through with her reproduction phase. Menopause can come with varied challenges which could defer from one person to another across different ages.

Objective: To investigate level of awareness and the challenges of menopause in women aged 45 - 65 years in Yenagoa metropolis of Bayelsa State, Nigeria, and make recommendations.

Methods: The study adopted a descriptive survey design. It comprised a total number of 384 respondent women within the age bracket, 45 - 65 years. The sample size was determined by using Cochran's formula. A systematic sampling technique was adopted to pick and interview women who agreed to have entered menopausal stage in every 10th house in each of 20 communities. Descriptive statistics was used to analyze data collected, comprising tables and simple percentages.

Results: For women experiencing physical menopausal challenges - Hot flashes reported 60.1%; Heart palpitation (18.5%); and other variables reported - Insomnia (8.9%), Night sweats (6.5%) and Osteoporosis (6.0%). On vaginal challenges, painful intercourse reported 56.5%; Low libido (30.5%) and Urinary urgency (13.0%). Psychological challenges reported as per Anxiety (49.5%); Depression (39.8%); and Mood swing (10.7%). Cognitive challenges reported Dementia (20.8%); Lack of focus (21.6%) and neither Dementia nor Lack of focus (57.6%). In conclusion, awareness level about the challenges associated with menopause by women in the study area was poor (15.6%).

Recommendations: This study recommends regular exercises and intake of calcium supplement, starting from perimenopause phase for the reduction of osteoporosis. The study also recommends change of diet to include increased intake of soya products like flask seed to perform the function of the estrogen, increase in water intake to check painful sexual intercourse, and gorontula intake to improve libido.

Keywords: Menopause; Physical Challenges; Psychological Challenges; Cognitive Challenges and Vaginal Challenges

Introduction

Menopause is the time in a woman's life when menstrual periods permanently stop. It is the time when a woman has no menstrual periods for twelve consecutive months. That is, it defines the end of fertility or child bearing in a woman's life due to loss of ovarian follicular function and decline in blood estrogen levels. That means, the ovaries stop releasing eggs for fertilization [1]. As menopause nears, the ovaries make less of a hormone called estrogen. When

this decrease occurs, the menstrual cycle starts to change, becomes irregular and then stops.

Menopause can be classified into three stages: perimenopause, natural menopause (menopause) and post menopause. Perimenopause is also known as early menopause which is the transition to menopause when women's menstrual cycles start changing or fluctuating leading to irregularity in the length of the periods, the time between periods, and the level of flow. That is, their periods usually become less frequent over a few months - they might be more irregular and heavier or lighter before they stop altogether. The menopausal symptoms will continue until after the woman sees her last periods. It occurs at the ages of 45 - 55. It usually lasts for 7 years but it can also be as long as 14 years. At this time, women begin to experience hot flashes, night sweats, mood swings, vaginal dryness, fluctuations in sexual desires, trouble in sleeping and fatigue probably from the loss of sleep [2].

Natural menopause occurs when women have stopped producing hormones that cause menstrual periods and have gone without seeing periods for 12 months in a row. Once this occurs, the women have entered natural menopause. That is, ovaries naturally decrease their production of the sex hormones - estrogen and progesterone.

Post menopause on the other hand, is the time after menopause occurred. It is the time a woman has gone through menopause. That is, the menstrual period has been gone for longer than 12 consecutive months. At this stage in life, the woman's reproductive years are behind and she is no longer ovulating (releasing eggs) and the menopausal symptoms she experienced in the past may become milder or go away completely but are at risk for certain health conditions like osteoporosis and heart diseases. However, some people may still continue to experience menopausal symptoms for a decade (10 years) or longer after menopause [3].

Menopause is not a disease but a natural event and transition that every woman must experience in life, but it is accompanied with some disturbing symptoms called menopausal challenges. However, the timing and symptoms differ from every woman. Nonetheless, perimenopause and postmenopause symptoms can be disruptive to personal and professional lives, as well as to women's health. At this time, perimenopause cares play an integral role in the promotion of health, ageing and quality of life.

These menopausal challenges could be physical (hair loss, hot flashes, night sweats, weight gain, osteoporosis, cardiovascular disease, palpitation, etc); vaginal or sexual or urinary challenges (vaginal dryness, low libido, painful intercourse, urinary urgency, etc); cognitive challenges (dementia, brain fog and lack of focus); psychological challenges (anxiety, mood swings, low motivation, fearfulness, depression, etc.). These factors make women's lives uncomfortable as they advance in age [4].

Women being wives and mothers are very important to any family setting and the society at large due to the significant role they play. It is thus expected that they are in good health as they advance in age; they need proper healthcare or good medical attention, such as access to quality health services, and health care systems that support them. Unfortunately, both awareness and access to menopausal related information and services appear to be scanty in most societies like Yenagoa Metropolis of Bayelsa State, Nigeria.

Emphatically, menopause and its challenges are often not discussed within the families, communities, and workplaces or even in the health care setting. So, most women in our clime are unable to associate their health challenges with symptoms of menopause; they do not have any idea of the counseling and the therapeutic options that could help them reduce discomfort they undergo. However, menopause is a positive beginning of a new phase of life, it is important that preventive measures are taken against major health risks that may be associated with it. In spite of the importance of awareness and challenges of menopause, current search revealed dearth of local literature on the subject with scanty ones reviewed from international studies. This research therefore sought to investigate the level of awareness of the challenges of menopause in Yenagoa metropolis of Bayelsa State, Nigeria in order to bridge the noticeable gap in knowledge in this area.

Conceptual Review

Brain anatomy of menopause

Brain and ovaries are parts of the endocrine system. They are connected and carry the body functions jointly. The brain interacts with the ovaries and vice versa. Thus, the health of the ovary is the health of the brain. The ovaries are responsible for the supply of hormones like estrogen and progesterone. Estrogen, apart from reproduction, aids the brain for regulatory functions. Estrogen is

really a key for energy production in the brain. It is the cellular level that actually pushes neurons to bring glucose to make energy in the brain. Thus, higher estrogen gives higher energy in the brain, so when estrogen declines the energy level in the brain also declines. This means that, in the absence of estrogen, neurons decline, leading to low energy production in the brain due to menopause [5]. Hypothalamus being a part in the brain that regulates the body temperature is always activated by the estrogen. Thus, when the estrogen no longer activates the hypothalamus correctly due to menopause, the brain would no longer regulate the body temperature correctly, as such, women experience hot flashes and night sweats that make sleeping difficult (insomnia). Brain stem is also part of the brain that is in charge of sleep and wake. When estrogen does not activate the brain stem correctly due to menopause, women would have problem of sleeping resulting to insomnia as well [4].

Amygdala is another part of the brain that is close to the hypocampus - which is the emotional centre of the brain. When estrogen level is low in this region it results to mood swings, inability to recall things (dementia). So, the brain and menopause are positively related. This is because during menopause the brain gradually declines, as such, cognitive performance or functions drops also [4].

As earlier stated, stages of menopause can be broken into three parts - perimenopause, natural menopause phase and post menopause. The first stage - perimenopause is the early stage and it begins eight to ten years before natural menopause occurs as ovaries gradually produce less estrogen. It usually starts when a woman is in her 40s. Perimenopause lasts until natural menopause occurs - the point when ovaries stop releasing eggs. In the last one to two years of perimenopause, the drop in estrogen accelerates higher. At this stage, many women may experience menopause symptoms like irregular periods (the flow may be shorter, longer, lighter or heavier), hot flashes, night sweats, mood swings, anxiety, depression, etc., but are still having menstrual cycles during this time and may get pregnant. The natural menopause phase is that point when a woman no longer has menstrual periods. At this stage, the ovaries have stopped releasing eggs and stopped producing most of their estrogen. The easiest way to detect natural menopause is when the woman is gone without a menstrual period for 12 consecutive months. Finally, we have the post menopause, a

phase which exposes the woman to several health conditions such as osteoporosis and heart disease.

Causes of menopause

Age is the commonest factor in the causes of menopause. This is because ovarian functions are positively related to age because the ovaries would gradually lose their ability to produce hormones and ovulate following advancing in age. While age is a natural cause of menopause, certain surgical or medical treatments can cause menopause. These include but not limited to removal of the ovaries, chemotherapy for cancer and radiation therapy to pelvis. Another cause of menopause could be due to smoking and this can result to early occurrence [1].

Empirical review

There is scarcity of literature on this area of study at least from local sources. However, the following literatures from international sources are here empirically reviewed. In the first place, a study conducted in Kerala in India, examined perception of women on prevalence of menopause symptoms [6]. The Study was a cross sectional house to house survey using a questionnaire involving 106 post-menopausal women who stayed more than six (6) months. A chi-square test, proportion and simple percentage were used to analyze the data. The results showed that the mean age of attaining menopause was 48.26 years. 90.7% of the women had symptoms of crying spells, depression and irritability, 72.9% had headache, 64.4% had lethargy, 58.9% dysuria, 57% had forgetfulness, 5.3% had musculoskeletal problems (joint pain and muscle pain), 31.8% had sexual problem due to decrease libido and dyspareunia, 9.3% had itching and vaginal dryness while 8.4% had changes in voice. The study concluded that all the women at menopause were suffering from one or more number of menopausal symptoms.

Another study was carried out in Sri Lanka on menopausal experiences for women [4]. The study employed a qualitative approach involving interviewing of 20 women. The data were subject to content analysis. The result revealed that menopause is associated with natural stage of ageing whose symptoms are anxiety, depression, fears, painful intercourse and tiredness. Also, another study investigated the prevalence of menopausal symptoms and its effects on quality of women's lives among rural middle age women (40 - 60 years) in Haryan, India [7]. The study was a cross sectional design which involved 400-middle aged women. Data were

collected with questionnaire. The result showed that 87.7% of the women had menopause with various menopausal symptoms. 80% had anxiety, 71.5% experienced physical and mental exhaustion, 61.2% had sleep problems, 60.7% had irritability, 56% had joint and muscular discomfort and 54% had heart problems. Despite the severity of the challenges of menopause on the lives of women, local studies according to our search are non-existent. This study becomes necessary to bridge this noticeable gap especially in Yenagoa metropolis of Bayelsa State, Nigeria.

Objective of the study

To investigate level of awareness and the challenges of menopause in women aged 45 - 65 years in Yenagoa metropolis of Bayelsa State, Nigeria, and make recommendations.

Methods

Study design

This study adopted descriptive survey design. It analyzed the level of awareness and the challenges of menopause among women aged 45 - 65 years.

Study population

The study population were women of menopausal age in every 10th house from each of the selected 20 communities in Yenagoa Metropolis of Bayelsa State, Nigeria and with a sample size of 384 within age bracket 45 to 65 years. This was determined by means of Cochran's formula, since the number of women within the identified age bracket was unknown[4] where n = Z^2(P)(1-P)/e^2.

Instruments and procedure for data collection

Responses were elicited from the respondents by means of a face-to-face structured interview in the study setting. The instruments were prequalified and validated by expert medical personnel. A choice response of 50% (0.5) with a margin of error at 5% was adopted. A systematic sampling technique whereby women of every 10th house in the following 20 communities (Obele, Gwegwe, Ovum, Onopa, Amara, Ekeki, Okaka, Yenizue-Epie, Kpansia, Yenezuegene, Biogbolo, Opolo, Okutukutu, Etegwe, Edepie, Akenpai, Agudama, Akenfa, Yenegwe and Igbogene), whose symptoms could be suggestive of menopause were recruited to participate in the study.

Data analysis

Data collected were reduced to number of responses against each variable in the study. Descriptive statistics were applied to analyze the data with the aid of Statistical Package for Social Sciences (SPSS) version 23.

Ethical consideration

The researchers were accompanied by some medical experts for one-on-one interview with the structured interview questions after obtaining each respondent's oral permission with the understanding that their responses were for research purposes only and would be given absolute confidentiality. The interviewing process took four weeks excluding Fridays and Sundays.

Exclusion criteria

Women who fell within the defined age bracket but did not report any menopausal symptoms were excluded from the study.

Results

Age:	Frequency	Percentage (%)
45 - 55	221	57.6
56 - 65	163	42.4
Total	384	100
Occupation Status:	-	-
Business	250	65.1
Farming	70	18.2
Retired	64	16.7
Total	384	100
Marital Status:	-	-
Married	281	73.2
Widowed	45	11.7
Divorced	58	15.1
Total	384	100
Religion:	-	-
Christianity	381	99.2
Islam	0	0
African Traditional Religion	0	0
None	3	0.8
Total	384	100

Table 1: Demographic Characteristics.

Source: Researchers' SPSS Computation, 2023.

Table 1 showed results of demographic characteristics of the 384 respondents. Age Bracket 45 - 55 Years = 221 (57.6%); while Age Bracket 56 - 65 Years = 163 (42.4%). On Occupation, Business = 250 (65.1%); Farming = 70 (18.2%); and Retired = 64 (16.7%). Marital Status revealed Married = 281 (73.2%); Widowed = 45 (11.7%) and Divorced = 58 (15.1%). Finally, Religion reported Christianity = 381 (99.2%), and No Religion = 3 (0.8%).

Level of Awareness:	Frequency	Percentage (%)
Aware	60	15.6
Not Aware	324	84.4
Total	384	100
Physical Challenges:	-	-
Hot flashes	231	60.1
Night sweats	25	6.5
Osteoporosis (weakness/ fragile bones)	23	6.0
Heart palpitation	71	18.5
Insomnia (sleeping difficulty)	34	8.9
Total	384	100
Vaginal Challenges:	-	-
Painful intercourse	217	56.5
Low libido	117	30.5
Urinary urgency	50	13.0
Total	384	100
Psychological Challenges:	-	-
Anxiety	190	49.5
Depression	153	39.8
Mood swing	41	10.7
Total	384	100
Cognitive Challenges:	-	-
Dementia (forgetfulness)	80	20.8
Lack of focus	83	21.6
Neither Dementia nor lack of focus	221	57.6
Total	384	100

Table 2: Awareness Level and Challenges of Menopause.

Source: Researchers' SPSS Computation, 2023.

Table 2 Regarding Level of Awareness, this table revealed that Aware = 60 (15.6%) while Not Aware = 324 (84.4%) indicating low awareness rate among the respondents on the challenges of menopause. On Physical Challenges, Hot flashes = 231 (60.1%); Heart palpitation 71 (18.5%); Insomnia (sleeping difficulty) = 34 (8.9%); Night sweats = 25 (6.5%); while Osteoporosis (weaken or fragile bones) = 23 (6.0%). This indicates that highest observation was recorded against hot flashes. Vaginal Challenges reported Painful intercourse = 217 (56.5%); Low libido = 117 (30.5%); and Urinary urgency = 50 (13.0%). In can thus be inferred that greater majority of the respondents experienced painful intercourse on account of menopause, followed by low libido. Psychological Challenges showed that Anxiety = 190 (49.5%); Depression = 153 (39.8%); and Mood swing = 41 (10.7%). This shows that most women suffered menopause induced anxiety and depression respectively. Finally, Cognitive Challenges showed that: Neither dementia nor Lack of focus = 221 (57.6%); Lack of focus = 83 (21.6%); while Dementia (Forgetfulness) = 80 (20.8%). It is thus safe to state that highest proportion of women in this study neither suffered dementia nor lack of focus.

Discussion of Findings

The study sample was 384 women from ages 45 to 65 years and drawn from 20 communities in Yenagoa metropolis, Bayelsa State. Out of the 384 women interviewed, 57.6% were within age bracket 45-55 years while 42.4% were within age bracket 56-65 years. 73.2% of them were married, 11.7% widowed, while 15.1% divorced.

From the findings, only 15.6% of respondents were aware of the challenges of menopause as against 84.4% who were not. This means that, majority of the women lacked access to information on the challenges of menopause. With the benefits of hindsight, this could possibly due to the fact that menopause challenges are not often discussed within the family and community cycles, at work places or even in health care setting. So, majority of the women did not know that their different health challenges and body changes were related to the onset of menopause.

The predictors on challenges of menopause among women in this research were grouped into four specific dimensions: physical, vaginal, psychological and cognitive. On physical challenges, it was discovered that as many as 71.1% experienced hot flashes, 18.5%

reported heart palpitation with others reporting with 8.9% and below, that they had insomnia, night sweats and osteoporosis. Those that experienced night sweats reported that they had chills that lasted 30 seconds to 10 minutes at nights.

On vaginal challenges 56.5% which is well above average reported sudden experience of painful intercourse and this was making them to be shying away from sexual activities. Some reported low libido accounting for 39.1% in the study and resulted in low desire or low drive for sex while 13.0% reported having urinary urgency but were not aware that such could be linked to menopausal experience. They had concluded that their urge to urgently urinate was due to diabetic condition.

This study revealed that many women were facing psychological challenges as a result of menopause. Regarding this, as many as 49.5% suffered anxiety, 39.8% had depression while mood swing account for 10.7% of the respondents. Psychological challenges are often factors that work lack of concentration and focus against the victim; more so that the victim is unable to identify the source of such challenges. Finally, on cognitive challenges, 20.8% of the women maintained they had dementia (the ease to forget something); while 21.6% agreed that they lack focus. However, on this variable, majority of the respondents had neither dementia nor lack of focus.

The findings of this study give credence to the prevalence of menopause challenges as being enormous in this part of the world, yet majority of sufferers could not link the sources of their challenges to menopause. It is true that menopause comes with many challenges as documented and listed in previous researches[8]. The women had thought their health challenges were due to other factors or are just advent of diseases in their body. This means a lot of women in the locality are going through a lot of challenges they cannot ascribe to any known source as to know how to manage them. Thus, the findings of this study are in line with previous findings that menopausal symptoms or challenges have profound negative effects on the quality of life of women of middle age, 40 - 60 years. In a previous research conducted in India, it was stated that 87.7% of the women had menopause with various menopausal symptoms; 80% had anxiety; 71.5% physical and mental exhaustion; 61.2% had sleep problems; 60.7% had irritability; 56% had joint and muscular discomfort and 54% had heart problems. As in different researches, challenges of menopause as elucidated

and researched upon in this study are numerous and these include physiological changes and estrogen deficiencies resulting in some health challenges [9,10].

Conclusion

It is self-evident in this study that the level of awareness of menopausal challenges among women within age bracket, 45 to 65 years in Yenagoa metropolis, Bayelsa State, Nigeria, are a combined phenomenon that demands serious concern. It is disturbing to note that as many as 84.4% were not aware that the physical, psychological, cognitive and other health challenges facing them were due to menopausal phase in their lives.

This study has also shown that contrary to the general belief that challenges of ill-health being faced by women aged 45 to 65 in the study setting were due to normal body evasion by diseases, most of the health challenges these women faced were indeed due to menopause. We opine that understanding these challenges as coming from menopause is capable of solving many challenges in marriages as spouses could show mutual understanding to jointly address such challenges. It is hoped that this study has greatly exposed the root-cause(s) of these challenges which are or a combination of hot flashes, night sweat, osteoporosis, heart palpitation and insomnia, painful intercourse, low libido and urinary urgency, anxiety, depression and mood swing, and lack of focus.

Recommendation

Based on the findings of this study, the researchers recommend regular exercises and intake of calcium supplement, starting from perimenopause phase for the reduction of osteoporosis. Change of diet to include increased intake of soya products like flask seed to perform the function of the estrogen, increase in water intake to check painful sexual intercourse, and gorontula intake to improve libido are also recommended.

Conflict of Interest

None.

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