



Knowledge of Women towards Menopause in Khana Local Government Area of Rivers State

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ABSTRACT

This study focused on knowledge of women towards menopause in Khana Local Government Area of Rivers State. The descriptive cross-sectional survey design was adopted for the study. The sample size for this study was four hundred. Data was collected using a structured questionnaire and analyzed using descriptive statistics such as frequencies, percentages and chi square test was used for testing the hypotheses at 0.05 level of significance. The finding of the study revealed that respondents had good knowledge (60.8%) of menopause. The tested hypotheses showed a significant relationship between age ($X^2= 14.477$; $p<0.05$), educational level ($X^2= 40.240$; $p<0.05$), marital status ($X^2= 37.369$; $p<0.05$), and knowledge of women towards menopause. It was concluded that socio demographic factors such as age, education and marital status influences knowledge menopause among women. It was recommended amongst others that the Government, ministries of health and non-governmental organizations at all level should mount more intensive enlightenment campaigns through public talk, seminars, conferences and workshop to create more awareness on the need to bridge knowledge gap of menopause

1 Introduction

Menopause can have a significant effect on the quality of a woman's of life. There is significant change in their health needs. Hence, it is important that women become aware of the new health risks they face and that there are options for preventing those risks. Studies revealed that women may avoid and reduce many adverse emotional and psychological symptoms of menopause by educating themselves about menopause to better equip themselves when approaching this stage of life cycle (wong&Nur, 2007; Sayakhot, Vincent, &Teede, 2012).

Menopause, also known as the climacteric, is the time in most women's lives when [menstrual periods](#) stop permanently, and they are no longer [able to bear children](#) (*National Institute of Child Health and Human Development, 2012*). Menopause typically occurs between 49 and 52 years of age. Medical professionals often define menopause as having occurred when a woman has not had any vaginal bleeding for a year. It may also be defined by a decrease in [hormone](#) production by the [ovaries](#). In those who have had surgery to remove their [uterus](#) but still have ovaries, menopause may be considered to have occurred at the time of the surgery or when their hormone levels fell. Following the removal of the uterus, symptoms typically occur earlier, at an average of 45 years of age (*National Institute on Aging, 2018*).

In the years before menopause, a woman's periods typically become irregular, which means that periods may be longer or shorter in duration or be lighter or heavier in the amount of flow (*National Institute of Child Health and Human Development, 2012*). During this time, women often experience [hot flashes](#); these typically last from 30 seconds to ten minutes and may be associated with shivering, [sweating](#), and reddening of the skin. Hot flashes often stop occurring after a year or two. Other symptoms may include [vaginal dryness](#), trouble sleeping, and mood changes. The severity of symptoms varies between women (Wood, 2017). While menopause is often thought to be linked to an increase in [heart disease](#), this primarily occurs due to increasing age and does not have a direct relationship with menopause. In some women, problems that were present like endometriosis or painful periods will improve after menopause (*Krause & Nakajima, 2015*).

Taherpour, Sefidi, Afsharina and Hamissi (2015) reported that most common symptoms reported by women during the menopause transition are hot flushes and night sweats, which affect approximately 70% of women and that the prevalence of vasomotor symptoms and the experience of menopause vary considerably between cultures and countries. He further added that cultural differences have been explained by differences in attitudes and meanings of menopause, such as the extent to which menopause is seen as a medical condition or a natural phenomenon, or whether mid-life represents positive or negative social changes and/ or values within a society.

Knowledge is the understanding of information about a subject which a person gets by experience or study, which is either in a person's mind or known by people generally (Cambridge, 2016). Knowledge, attitudes and the way women think towards the menopause and its transitional period, the climacteric, may differ from one female population to another. Provision of adequate knowledge and positive attitude on menopause before occurrence could make women view menopause as an important milestone in their lives and just a natural

phenomenon. Health care practitioners and relevant agencies are expected to be the foremost source of information on menopause to women but unfortunately in Africa, information are poor. Hence most women acquire sometimes incorrect information on the reproductive system from their friends (Huston, Jackowski&Kirking, 2009).

Age, parity, hormonal, socio-economical, educational status as well as cultural and geographical factors is a matter of concern for women of reproductive age as both an early or late menopause may have implications for health outcomes. Women all over the world now have to spend almost 1/3rd of their lives in menopausal years. Therefore, menopause now is a concerning matter to maintain and improve women's health as it is an inevitable milestone in the lifetime of every woman. Technically it is the permanent cessation of menses. By convention the diagnosis of menopause is not made until the individual has had 12 months of amenorrhoea (Varuna, Neetu&Shruti, 2017).

Evidence revealed that an increase in knowledge and attitude about menopausal signs and strong knowledge of signs and symptoms demonstrates better care practices that aim to promote healthy habits (Taherpour, et al 2015). Moreover, women with inadequate menopausal knowledge are twice as likely to have problems as women with adequate knowledge. Therefore, an effective educative program is desirable for these women. However, it is important to evaluate the current status of menopause knowledge before designing an effective program (Taherpour, et al 2015). It is in view of this that the study was designed to assess the knowledge and attitude of women towards menopause in Khana Local Government Area of Rivers State.

2 Statement of the Problem

Menopause is an inevitable milestone in the reproductive life of every woman. It comes with physiological conditions that may be unknown to the woman especially where she does not have adequate knowledge of it. This condition makes her feel she is having some form of disease or the other. [Lynne](#) (2010) reported that premature menopause or early menopause may be either spontaneous or induced. Women who experience premature menopause (before age 40 years) or early menopause (between ages 40 and 45 years) experience an increased risk of overall mortality, cardiovascular diseases, neurological diseases, psychiatric diseases, osteoporosis, and other sequelae. The risk of adverse outcomes increases with earlier age at the time of menopause. Some of the adverse outcomes may be prevented by estrogen treatment initiated after the onset of menopause. However, estrogen alone does not prevent all long-term consequences and other hormonal mechanisms are likely involved.

Changes to the menstrual pattern are the first noticeable symptoms of menopause. Some women may experience a period every 2 to 3 weeks. Others will not menstruate for months at a time. During the perimenopausal stage, a woman's estrogen levels will drop significantly. Hence, reduces her chances of becoming pregnant. Dryness, itching, and discomfort of the vagina tend to occur during menopause making the woman feel restless all the time (Elder &Thacker, 2016).

As a result of this condition, some women may experience [dyspareunia](#), or pain during sex. Women experience this pain due to lowering estrogen levels. These lower levels cause [vaginal atrophy](#). The skin may become red and patchy, and a woman will typically start to sweat. Her heart rate may suddenly increase, strengthen, or become irregular. Hot flashes generally occur during the first year after a woman's final period including night sweats, disturbed sleep, urinary problems and emotional changes. Other problems include buildup of fat in the abdomen, sometimes leading to overweight and [obesity](#), [hair loss](#) and thinning hair and breast shrinkage (Nordqvist, 2017). In Rivers State, little is known about menopause especially among women despite all research work that have been written. Therefore, this study intends to investigate knowledge and attitude of women towards menopause in Khana Local Government Area of Rivers State.

3 Research Questions

This study will seek answers to the following research questions.

1. What is the level of knowledge of women towards menopause in Khana Local Government Area of Rivers State?
2. What is the relationship between age and knowledge of women towards menopause in Khana Local Government Area of Rivers State?
3. What is the relationship between educational level and knowledge of women towards menopause in Khana Local Government Area of Rivers State?
4. What is the relationship between marital status and knowledge of women towards menopause in Khana Local Government Area of Rivers State?

4 Hypotheses

The following Hypotheses were formulated to guide the study and will be tested at 0.05 level of significance.

1. There is no significance relationship between age and knowledge of women towards menopause in Khana Local Government Area of Rivers State.
2. There is no significance relationship between educational level and knowledge of women towards menopause in Khana Local Government Area of Rivers State.

3. There is no significance relationship between marital status and knowledge of women towards menopause in Khana Local Government Area of Rivers State.

5 Research design

A cross sectional descriptive study design was used for the study.

6 Population of the Study

The population of the study consisted of all married women aged 45-60 years in Khana Local Government Area with a population of about fifty six thousand, six hundred and fifty seven (56,657) (Independent National Electoral Commission, 2015).

7 Sample and Sampling Techniques

A sample size of 400 was determined using the YaroYammane formula for a finite population. The formular is given as:

$$n = \frac{N}{1 + N(e)^2} \quad (\text{Uzoagulu, 2010})$$

Where

n= the sample size

N= the finite population

E=level of significance or (limit of tolerable error)

1 = unit (a constant)

Multi-stage sampling procedure was adopted for the study.

Instrument for Data Collection

A semi structured questionnaire with a reliability co-efficient of 0.70 was used for data collection.

Method of Data Analysis

Was analysed with statistical tools such as percentage and Chi-square.

8 Results

Table 1: knowledge of menopause among women

Items	SA F(%)	A F(%)	SD F(%)	D F(%)
At the time of menopause, menstruation stops suddenly	67(17.2)	91(23.3)	141(36.2)	91(23.3)
Women become menopausal at the ages of 48-55 years	63(16.2)	266(68.2)	55(14.1)	6(1.5)
Hereditary background affects the time of menopause occurrence	111(28.5)	220(56.4)	36(9.2)	23(5.9)

Menopause occurs in women due to increasing sexual hormones	85(21.8)	241(61.8)	58(14.9)	6(1.5)
Thin people become menopausal sooner				
Most of the women experience menstruation disorder before menopause occurrence	64(16.4)	98(25.1)	125(32.1)	103(26.4)
Most of the women experience hot flashes in the menopause period	143(36.7)	202(51.8)	45(11.5)	-
Menopause symptoms are preventable and curable	84(21.5)	287(73.6)	12(3.1)	7(1.8)
Menopause increases osteomalacia in women	83(21.3)	255(65.4)	17(4.4)	35(9.0)
Sexualities change in menopause women	118(30.3)	255(57.7)	32(8.2)	15(3.8)
	77(19.7)	271(69.5)	11(2.8)	31(7.9)

*Non responses excluded

Table 1 shows knowledge of women towards menopause. It revealed that 91% agreed that at the time of menopause, menstruation stops suddenly, 68.2% agreed that women become menopausal at the ages of 48-55 years, 56.4% agreed that hereditary background affects the time of menopause occurrence, 61.8% agreed that menopause occurs in women due to increasing sexual hormones, 26.4% disagreed that thin people become menopausal sooner, 51.8% agreed that most of the women experience menstruation disorder before menopause occurrence, 73.6% agreed that most of the women experience hot flashes in the menopause period, 65.4% agreed that menopause symptoms are preventable and curable, 57.7% agreed that menopause increases osteomalacia in women, 69.5% agreed sexuality change in menopause women.

Hypothesis 1: There is no significance relationship between age and knowledge of women towards menopause in Khana Local Government Area of Rivers State

Table 2: Chi-square test showing significant relationship between age and knowledge of women towards menopause in Khana

Age	Knowledge of menopause		Total	Df	X ² -value	p-value	Decision
	Good F(%)	Poor F(%)					
20-25yrs	49(68.1)	23(31.9)	72(100)	4	14.477	.006	Rejected
26-30yrs	13(39.4)	20(60.6)	33(100)				
31-35yrs	70(58.8)	49(41.2)	119(100)				
36-40	42(76.4)	13(23.6)	55(100)				
>40	63(56.8)	48(43.2)	111(100)				
Total	237(60.8)	153(39.2)	390(100)				

*Significant. p>0.05.

Table 2 shows the chi-square test of significant relationship between age and knowledge of women towards menopause in Khana. The result showed that there is a significant relationship between age and knowledge of women towards menopause in Khana (X²-value= 14.477; df = 4; p<0.05). Thus, the null hypothesis which states that there is no significant relationship between age and knowledge of women towards menopause in Khana Local Government Area of Rivers State was rejected.

Hypothesis 2: There is no significance relationship between educational level and knowledge of women towards menopause in Khana Local Government Area of Rivers State

Table 3: Chi-square test showing significant relationship between educational level and knowledge of women towards menopause in Khana

Educational level	Knowledge of menopause		Total	Df	X ² -value	p-value	Decision
	Good F(%)	Poor F(%)					
None	110(75.3)	36(24.7)	146(100)	4	40.240	.000	Rejected
FSLC	42(56.0)	33(44.0)	75(100)				
JSSCE	16(59.3)	11(40.7)	27(100)				

SSCE	18(29.0)	44(71.0)	62(100)
Tertiary	51(63.8)	29(36.3)	80(100)
Total	237(60.8)	153(39.2)	390(100)

*Significant. $p > 0.05$.

Table 3 shows the chi-square test of significant relationship between educational level and knowledge of women towards menopause in Khana. The result showed that there is a significant relationship between educational level and knowledge of women towards menopause in Khana (X^2 -value= 40.240; $df = 4$; $p < 0.05$). Thus, the null hypothesis which states that there is no significant relationship between educational level and knowledge of women towards menopause in Khana Local Government Area of Rivers State was rejected.

Hypothesis 3: There is no significance relationship between marital status and knowledge of women towards menopause in Khana Local Government Area of Rivers State

Table 4: Chi-square test showing significant relationship between marital status and knowledge of women towards menopause in Khana

Marital status	Knowledge of menopause		Total	Df	X^2 -value	p-value	Decision
	Good	Poor					
	F(%)	F(%)					
Married	152(52.8)	136(47.2)	288(100)	3	37.369	.000	Rejected
Single	61(91.0)	6(9.0)	67(100)				
Divorced	18(62.1)	11(37.9)	29(100)				
Widowed	6(100)	0(0.0)	6(100)				
Total	237(60.8)	153(39.2)	390(100)				

*Significant. $p > 0.05$.

Table 4 shows the chi-square test of significant relationship between marital status and knowledge of women towards menopause in Khana. The result showed that there is a significant relationship between marital status and knowledge of women towards menopause in Khana (X^2 -value= 37.369; $df = 3$; $p < 0.05$). Thus, the null hypothesis which states that there is no significant relationship between marital status and knowledge of women towards menopause in Khana Local Government Area of Rivers State was rejected.

Discussion of Findings

From the results of the information collected in the course of this study through the research questions which were arranged into 4 sections; the researcher discussed the findings under the following:

Research Question 1: What is the level of knowledge of women towards menopause in Khana Local Government Area of Rivers State?

The finding of the study revealed that respondents had good knowledge (60.8%) of menopause. The finding of the study corroborates that of Noroozi et al (2013) whose study reported that respondents had good knowledge of menopause among women. The study of Ensieh et al (2013) also confirms the result of present study as it discovered that its respondents had good knowledge of the menopause era among women. The finding is also similar to the finding of Ghorbani et al (2014) whose study also confirms that respondents had good knowledge of menopause. The reason these knowledge reported in these studies might be attributed to the fact that women in these study areas are educated as only education will bring to their understanding what menopause really means. Additionally, if these women live in areas where menopause occurs very early, they will also have good knowledge of what it looks like. However, the study of Teherpour et al (2015) differs from the present study as it reported that respondents in their study area had poor knowledge of menopause. This may be attributed to the level of education noticed among the women in this study area. However, if women in this area experience late menopause among their women, they will also find it difficult to know what menopause is all about.

Research Question 2: What is the relationship between age and knowledge of women towards menopause in Khana Local Government Area of Rivers State?

The result showed that there is a significant relationship between age and knowledge of women towards menopause ($X^2 = 14.477$; $p < 0.05$). The finding of the study corroborates with that of Eun et al (2014) whose study discovered a significant relationship between age and knowledge of women towards menopause. The finding of Soheila et al (2016) also reported that age relates to knowledge of menopause among women. The study is also in keeping with that of Li et al (2016) whose study reported a significant relationship between age and knowledge of women towards menopause especially among advanced women. This indicates that the more women advance in age, there is that tendency that they become more aware of the menopausal period and how it looks like.

Research Question 3: What is the relationship between educational level and knowledge of women towards menopause in Khana Local Government Area of Rivers State?

The result showed that there is a significant relationship between educational level and knowledge of women towards menopause ($X^2 = 40.240$; $p < 0.05$). The finding confirms that of Noroozi et al (2013) whose study reported a significant relationship between education and knowledge of women towards menopause. The finding also corroborates that of Ghorbani et al (2014), Schoenaker et al (2014) whose study relates educational level to knowledge of menopause among women. The finding of the present study is also in keeping with that of Fouzia

et al (2014) and Hamid et al (2014) whose study reported a significant relationship between education and knowledge of women towards menopause especially among master's degree holders. This shows that education among women serves as an eye opener to the understanding of the concept of menopause even before they reach that period. Hence, helping women to develop positive attitude towards it and handle the stress that comes with it effectively. There is need to establish an educating program among women before they reach menopause.

Research Question 4: What is the relationship between marital status and knowledge of women towards menopause in Khana Local Government Area of Rivers State?

The result showed that there is a significant relationship between marital status and knowledge of women towards menopause ($X^2= 37.369$; $p<0.05$). The finding of the study corroborates that of Ghorbani et al (2014) whose study reported a significant relationship between marital status and knowledge of women towards menopause. The finding of the present study is also in keeping with that of Soheila et al (2016) and Li et al (2016) who relates marital status to knowledge of menopause among women. The reason for this relationship might be due to the fact that those who are married may be of concern to the recent changes of their reproductive health especially advanced women who are yet to give birth for the first. This is also noticed among singles that are yet to get married. Hence, the motivation to know more about menopause when starts.

Conclusion

Based on the data and the findings, it was concluded that socio demographic factors such as age, education and marital status influences knowledge of menopause among women.

Recommendations

Based on the findings of this study, the following recommendations were made:

1. Government, ministries of health and non-governmental organizations at all level should mount more intensive enlightenment campaigns through public talk, seminars, conferences and workshop to create more awareness on the need to bridge knowledge gap of menopause
2. Targeted, staged based information, education and communication intervention should be implemented by NGOs such as FHI - 360, SFH, PPFN etc to change the knowledge and attitude of married men/women towards menopause
3. Health educators should also establish and educating programs at various level of education and also make it known that the menopause period is normal for every woman to clear any misconception attached to it through negative attitude

REFERENCES

Cambridge Dictionaries Online Page (2016). Available:<http://dictionary.cambridge.org/dictionary/british/knowledge?q=knowledge> .(Accessed on 26 September 2016)

Elder, J. A. & Thacker, H. L. (2016). Menopause: Changes and Challenges. Reviewed February 2016. www.clevelandclinimed.com/medicalpubs/diseasemanagement/womens-health/menopause/. Accessed 12/6/17.

Eun, K. K., Hyun, S. P. & Nam, M. K. (2014). Menopause Knowledge, Attitude, Symptom and Management among Midlife Employed Women, *J Menopausal Med*, 20 (3), 118– 125. doi: 10.6118/jmm.2014.20.3.118

Fouzia, R. M., Leon, J. & Roshan, A. Q. (2014). Knowledge, attitudes and perceptions towards menopause among highly educated Asian women in their midlife, *PubMed*, DOI: 10.1177/2053369114557510

Ghorbani, R., Nassaji, M., Shahbazi, A., Tabar, S. B. Rahaei, F. (2014). Attitudes toward menopause among middle-aged women in Semnan, Iran, *J Egypt Public Health Assoc*, 89 (1):42-5. doi: 10.1097/01.EPX.0000443986.36638.73.

Hamid, S., et al (2014). Women's knowledge, attitude and practice towards menopause and hormone replacement therapy: a facility based study in Al-Ain, United Arab Emirates, *J Ayub Med Coll Abbottabad*. 2014; (4), 448-54.

Huston, S. A., Jackoski, R. M. & Kirking, D. M. (2009). Women's Trust in and Use of Information Sources in the Treatment of Menopausal Symptoms, *plumxmetrics*, 19 (2), 144-153.

Li, S., Ho, S. C. & Sham, A. (2016). Relationship between menopause status, attitude toward menopause, and quality of life in Chinese midlife women in Hong Kong, *Menopause*, 23(1), 67-73. doi: 10.1097/GME.0000000000000566.

Lynne, T. (2010). Premature menopause or early menopause: long-term health consequences, *Maturitas*. 65 (2), 161

National Institute of Child Health and Human Development (2013). *Menopause: Overview* 28 June 2013. Archived from the original 2015. Retrieved 2015.

National Institute on Aging (2018). *What Is Menopause?* Retrieved 6 October 2018.

Nordqvist, C (2017). Everything you need to know about menopause. Medicalnewstoday. US.

Noroozi, E., Dolatabadi, N. K., Eslami, A. A., Hassanzadeh, A. & Davari, S. (2013). Knowledge and attitude toward menopause phenomenon among women aged 40-45 years, *J Educ Health Promot*, 30; 2:25. doi: 10.4103/2277-9531.112701

Sayakhot, P., Vincent, A. & Teede, H (2012). Cross-cultural study: experience, understanding of menopause, and related therapies in Australian and Laotian women, *Menopause*, 19 (12), 1300-8. doi: 10.1097/gme.0b013e31825fd14e.

Schoenaker, D., Jackson, C. A., Rowland, J. V. & Mishra, G. D. (2014). Socioeconomic position, lifestyle factors and age at natural menopause: a systematic review and meta-analyses of studies across six continents, *International Journal of Epidemiology*, 43 (5),

Soheila, N., Masoumeh, S., Fahimeh, R. T. (2016). Factors affecting sexual function in menopause: A review article, *Taiwanese Journal of Obstetrics and Gynecology*, 55 (4), 480-487.

Taherpour, M., Sefidi, Afsharina, S. & Hamissi, J. H. (2015). Menopause knowledge and attitude among Iranian women, *J Med Life*. 8 (2), 72-76.

Varuna, P., Neetu, A. & Shruti, G. (2017). Study to assess knowledge, attitude and practice regarding menopause among menopausal women attending outdoor in tertiary care centre, *Int J Reprod Contracept Obstet Gynecol*. 6 (5), 1848-1853.

Wood, J. (2017). *Dynamics of Human Reproduction: Biology, Biometry, Demography*. Transaction Publishers. p. 401.