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Psychosocial Adjustment Needs of Menopausal Women

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Abstract

The purpose of this study was to examine the psychosocial adjustment needs of menopausal women. The population of the study consisted of 623 menopausal women who were out-patients in Federal Medical Centre and a private hospital in Yenagoa Local Government Area, Bayelsa State of Nigeria. The sample consisted of 226 menopausal women selected through the random sampling technique. Four research hypotheses were raised to examine the women's needs on the basis of their marital status, educational level, religion and socio-economic level. A researcher-designed instrument named 'Menopausal Needs Questionnaire' (MNQ) was used to collect data. The data were analyzed using means, standard deviation, t-test and ANOVA. Results indicated that for health support, the women desired improving sexual relationship, decreasing wrinkles, overcoming menopausal symptoms, obtaining fertility treatment and preventing aging. Social support needs included attending functions, sharing concerns and obtaining encouragement from spouse. It also showed that there was no significant difference in the women's psychosocial adjustment needs on the basis of marital status (Cal. $t=0.42$; $P>0.05$), educational level (Cal. $t=1.83$ $P>0.05$), and socio-economic level (Cal. $F=1.842$; $P>0.05$). Significant difference was observed

on the basis of religion (Cal .t= 13.23; P< 0,05). On the basis of these findings, recommendations were made.

Keywords: menopause, psychosocial needs, healthcare, women, adjustment

Introduction

Menopause is a period in the life of women who have experienced cessation of menstruation for one year or more. It is also a new phase in their life cycle, characterized by several symptoms brought about by decreased hormonal activity in the body system. Hence, women at this stage need to make suitable adjustments that will enable them cope with the new challenges successfully. The period is similar to retirement from active service, whereby the retiree feels a sense of loss because job has been taken out of her hands. Thus, it represents limitation in terms of the woman transiting into another phase of life where her 'pride' has been taken away.

Menopause although a natural phenomenon among women past childbearing age was not considered a problem in Africa many years ago. This could be attributed to the simple life style which mothers of those days lived as well as the low level of education, whereby women were only meant to play the roles of child bearing and house keeping. According to Southin (2010), due to their nurturing roles as mothers and wives, many women had faced a lot of economic hardships in their struggles to cater for their families, which explains why the average age of menopause has risen since the industrial revolution. Menopause has become a cause for concern due to the sophisticated life styles of the modern day African and indeed Nigerian women who value aesthetics more now, than before. To this end, some perceive it as 'the end of the road' to their ability to remain attractive to their spouses, which is a major need for counselling women who have attained menopause. For example, this idea is supported by the submission that regardless of their roles, women are worried that menopause might mean the end of being useful and productive members of their communities (Southin, 2010). Moreover, cultural attitude of the people is a very deep seated cause for concern because even though menopause is a natural occurrence, the attitude of spouses and others could make the symptoms worse for the women. Most researchers in previous studies focused on attitude of women towards menopause; problems associated with menopause and types of symptoms experienced by pre-menopausal and post-menopausal women

(White & Richter,1990; Osarenren, Ubangha, Nwadinigwe & Ogunleye, 2009; Olaolorun & Lawoyin, 2009). Therefore, the present study has identified a gap in literature. Hence, the need to find out the psychosocial adjustment needs of women during menopause.

Theoretical frame work

Assessment of needs is a crucial strategy that enables individuals to understand what is required for functioning well in any given situation, or being the best that one can become . This holds true if women must give in their best in terms of caring for their families. Assessment of needs can be viewed as a condition among members of a specific group that reflects an actual lack of something, or an awareness that something is lacking. The concept of need assessment pre-supposes an element of deficiency either in programme, or an individual or group that requires immediate attention for effectiveness and covers all areas of human endeavour . Thus, Hunter (2009) views the needs of menopausal women under two main areas. The first aspect identifies psychological needs, which includes communication, health concerns such as lower estrogen level, cardiovascular disease, osteoporosis, rapid aging, guilt, sexual problems, etc. Similarly, social support is said to enable normalization and conformation of adaptive beliefs, reduces isolation and negative beliefs (Hunter, 2009). The strategies needed to cope with whatever individuals are facing have the capability of helping them learn new and more effective ways of interacting, obtaining information, making decisions and responding to the environment. Menopausal women are likely to undergo a lot of psychological problems which may be grouped under personal-social, sexual, informational, only to mention a few. In this regard, challenges such as anxiety, poor self-image, low self esteem, panic, sleeplessness, among others are a few of their problems that needs to be addressed.

Literature review

Some studies investigating symptoms of women during menopause reported that women experienced hot flashes, head aches, irritability, intolerance, only to mention a few (Melby, Lock & Kaufert, 2005; Southin, 2010); and that there are clinical relationships between anxiety and menopause (Ellis-Christensen, 2011). For example, anxiety results in insomnia and panic, causing reduced ability to handle stress. Higher levels of anxiety were said to predict higher number of hot flashes, producing more insomnia, greater stress

levels and instability (Ellis-Christensen, 2011). Literature suggests that most of the problems associated with menopause centred around the women's perceived general health and attitudes towards aging and menopausal symptom patterns. Although culture has a part to play in the perception of menopause, biological changes associated with it are universal and that variations can be explained by language differences (Melby, Lock & Kaufert, 2005). One other submission by literature is the tendency for people to under report symptoms, which could be attributed to lack of education.

In their study on Knowledge of and attitude to menopause, locus of control of menopause experience and perceived seriousness of and susceptibility to menopause-related problems, Lih-Mei and Hunter (2011) found that the level of awareness of current information about menopause was low among a sample of 45-year old women and it had no relationship with their beliefs. The study further revealed that more highly educated women were less likely to believe in the external locus of control of menopause experience, while level of education was not a factor in other beliefs and knowledge (Lih-Mei & Hunter, 2011). Similarly, White British women were said to obtain higher knowledge scores than other ethnic groups, which was not associated with level of education. The study concluded that different types of beliefs assessed were not strongly related, meaning that other women may use other constructions about menopause in different contexts.

In a study of Nigerian women, Southin (2010) reported that average age of menopause among this set of people was 49 years, which was slightly lower than the typical age of menopause experienced by women from North America, Australia and Western Europe. In trying to find out any link between a woman's menopausal age and socio-economic level, it reported that women who entered into menopause earlier tended to have lower levels of education, were unmarried and did not have a first child until the age of 30, even though this had no relationship with the age at which a woman began menstruation. However, she realized that 255 of the women polled had a positive attitude towards menopause, especially because it signified end of having to go through monthly menstruation. On the contrary, 705 were worried about losing their femininity which is considered as a normal thinking among the generality of menopausal women the world over (Southin, 2010). It was observed further that the professional women were unanimous in having a negative attitude towards menopause and that only 25% of the women sought medical help for their menopausal symptoms. An

explanation to the negative attitude to menopause by Nigerian professional women was probably due to the fact that menopause occurred when most of them were in their peak earning years. Thus, they nursed the fear that they might be replaced by younger people if unable to function on the job; and that the western attitude which they have imbibed is gradually adding to their menopausal attitudes (Southin, 2010).

Osinowo (2003) compared psychosocial factors associated with perceived psychological health and sexual satisfaction using 32 post menopausal and 13 non-menopausal women and found that post menopausal women experienced better psychological health compared with the non-menopausal ones. Similarly, Olaolorun and Lawoyin (2009) in a survey of Nigerian women aged 40 to 60 years, experiencing menopause observed that out of 11 symptoms identified in a total of 1,189 women, prevalence of menopausal symptom was reported to be 84%. The study also showed that joint and muscular discomfort was reported by (59%) of the women, followed by physical and mental exhaustion, sexual problems and hot flashes.

Purpose of the study

The main purpose of this study was to find out the psychosocial needs of menopausal women in Yenagoa Local Government Area of Bayelsa State, Nigeria. The specific objectives of the study were to:

1. investigate the psychosocial adjustment needs of married and single menopausal women.
2. examine the psychosocial adjustment needs of highly and less educated menopausal women.
3. find out the psychosocial adjustment needs of Christian and Muslim menopausal women.
4. ascertain if there are differences in the psychosocial adjustment needs of menopausal women from high, average and low socio-economic levels.

Research questions

The following questions were investigated:

1. What are the psychosocial adjustment needs of menopausal women?
2. Is there any difference between married and single menopausal women's psychosocial adjustment needs?

3. Is there any difference between highly and less educated menopausal women's psychosocial adjustment needs?
4. Is there any difference between the menopausal adjustment needs of Christian and Muslim women?
5. Is there any difference between the psychosocial adjustment needs of menopausal women of high, average and low socio-economic levels?

Research hypotheses

The study sought answers to the following hypotheses:

1. There is no significant difference in the psychosocial adjustment needs of married and single menopausal women.
2. There is no difference in the psychosocial adjustment needs of highly and less educated menopausal women.
3. There is no significant difference in the psychosocial needs of Christian and Muslim menopausal women.
4. There is no significant difference in the psychosocial adjustment needs of menopausal women of high average and low socio-economic levels.

Method

The research design adopted was the descriptive survey. It involves both quantitative and qualitative methods. This method was preferred due to its ability to gather data from a large group of people at the same time concerning their perception of a given subject matter. This was a long term study which was carried out from January to May, 2011.

The population comprises all the 623 women who have attained menopause and are outpatients at the Federal Medical Centre and a private hospital in Yenagoa L.G.A. of Bayelsa State, Nigeria. Although it was not possible to obtain the exact number of women as at the time of the research, the medical personnel in each of the hospitals gave an estimate of women attending hospital in the locality. The women were between 48years to 65years.

The researcher booked an appointment through telephone calls with medical personnel treating the women in the out patient department who organized the women that participated in the study after explaining the purpose to them. Hence, a total of 226 women were randomly selected for the study. This

comprised a group of menopausal women in the following categories: highly/less educated(166/60), married/single (144/82), high/average/low socio-economic levels (49/76/101) and Christian/Muslim (174/52).

A researcher-constructed questionnaire titled 'Menopausal Needs Questionnaire' (MNQ) was used to obtain information from the respondents. It is a simple questionnaire that sought respondents' opinion on their psychological health and social needs. Some of the items were derived from literature and others from experienced serving medical personnel in charge of the patients' treatment. The simplicity of this instrument was based on advice of medical personnel who saw the initial draft and suggested that it should be made shorter due to logistics in retrieving the questionnaire forms from some of the respondents who visited the medical centre from nearby villages, and who might not come back for a long time. The schedule consist of two sections. The first part requested for respondents' personal characteristics such as age, socio-economic level, educational level, marital status and religion. The second part comprises 15 statements on psychological and social needs of women during menopause. The response pattern used was: Strongly Agree (SA=4), Agree (A=3), Disagree (D=2) and Strongly Disagree (SD=1). The instrument was moderated by a panel of three experts in the field of Psychology and Gynaecology who ascertained its content validity. The corrections made by them led to the modification and elimination of ambiguous items. The reliability of the instrument was determined by administering some copies of the questionnaire forms on a sample of 25 menopausal women in the Local Government Area, who did not take part in the final study. A cronbach alpha value of 0.88 was obtained, showing that the instrument is reliable.

The researcher was assisted by four research assistants who are familiar with the women in administering and retrieval of the questionnaire forms. The respondents were divided into four groups according to their scheduled time of visit to the medical centre. The researcher also made efforts in reminding the women of their appointment through personal telephone calls, which made it easy for the respondents to attend to the instrument. On the whole, the researcher was able to retrieve all the questionnaire forms with the assistance of some medical personnel at the medical centre.

The data derived were analyzed using t-test and ANOVA statistics.

Results

Table 1 shows that four highest/important psychological health needs of menopausal women, having high mean scores include: Item 1- improving sexual relationship with spouse (36.22), item 6- decreasing wrinkles and improve emotions (26.33), item 4- overcoming symptoms of menopause (25.52), and item 3- preventing aging and obtaining fertility treatment (24.08). It further shows the four highest social support needs indicated by respondents as: item 9- joining a group where I can share my concerns (23.29), item 14- attending social functions with spouse (22.45), item 15- getting closer to spouse and receiving encouragement from him (19.36) and item 11- obtaining reassurance from fears and worries (18.20).

Table 2 shows that the calculated t-value of (0.42) is less than the critical t-value of (1.96) at the 0.05 level of significance. Hence, hypothesis 1 was accepted, meaning that there is no significant difference in the psychosocial adjustment needs of married and single menopausal women.

Table 3 shows that the calculated t-value of (1.83) is less than the critical t-value of (1.96) at the 0.05 level of significance. Thus, hypothesis 2 was accepted. This means that there is no significant difference in the psychosocial adjustment needs of highly and less educated menopausal women.

Insert Table 4 Here

Table 4 shows that the calculated t-value of (13.23) is greater than the critical t-value of (1.96) at the 0.05 level of significance. Thus, hypothesis 3 was rejected. This means that there is a significant difference in the psychosocial adjustment needs of Christian and Muslim menopausal women.

Insert Table 5 Here

Table 5 shows that the calculated F-value of (1.842) is less than the critical F-value of (2.21) at the 0.05 level of significance. Based on the result, hypothesis 4 was accepted. This shows that there is no significant difference in the psychosocial adjustment needs of menopausal women from high, average and low socio-economic levels.

Discussion

The main research question of this study enquired from menopausal women their most important psychosocial adjustment needs. The responses as observed in Table 1 revealed that the top four psychological needs of

menopausal women indicated were as follows: improving sexual relationship with spouse (36.22), decreasing wrinkles and improving emotions (26.33), overcoming symptoms of menopause (25.52) and lastly preventing aging/obtaining fertility treatment (24.08). Also, the result shows that the four top social support needs of menopausal women indicated in the table includes joining a group where their concerns can be shared (23.29), attending social functions with spouse (22.45), getting closer to spouse/receiving his encouragement (19.36) and obtaining reassurance from fears and worries (18.20).

The findings especially in terms of improving sexual relationship with spouse (item 1), which has the highest mean score and decreasing wrinkles/improving emotions (item 6), belonging to a group where their concerns can be shared (item 9) and getting closer to spouse in order to receive his encouragement (item 15) are consistent with literature, whereby evidence reveals that feeling loved and supported by family and friends are more beneficial to women but not men; and that it is a deep human need to be loved and cared for (New York Reuters Health & Kendler, cited in Oluwole, Hammed & Awaebe, 2008). It is also consistent with previous findings whereby an overwhelming majority of women were said to be concerned with how their husbands feel about them after menopause (Osarenren et al., 2009). Furthermore, the finding that most of the respondents indicated one of their major psychosocial adjustment needs as preventing aging and obtaining fertility treatment is in agreement with the work of Southin (2010), that 70% of women in menopause are worried about losing their femininity and that the bond of intimacy between them and their spouses may become threatened.

The result of hypothesis one (Table 2 refers), showed that married and single menopausal women were not significantly different in their psychosocial adjustment needs (Cal.t = 0.42; $P > 0.05$). This finding could be as a result of similarities in problems of menopausal women generally. For example, previous study reports that 84% of menopausal women experienced common symptoms (Olaolorun & Lawoyin, 2009). Hypothesis two comparing highly and less educated menopausal women's psychosocial adjustment needs (See Table 3) showed that they were not significantly different (Cal. t = 1.83; $P > 0.05$). The finding agrees with the explanation that level of education is not a factor in beliefs and knowledge about menopause (Lih-Mei & Hunter,

2011). However, it negates the observation that more educated /professional menopausal women have a negative attitude towards menopause (Southin, 2010). The present study has observed similarities in menopausal women's psychosocial adjustment needs irrespective of whether they are professionals, highly educated or less educated.

Hypothesis three on differences between Christian and Muslim menopausal women's psychosocial adjustment needs (See Table 4) revealed that they were significantly different ($Cal.t = 13.23; P < 0.05$). The finding is not surprising, given the differences in religious beliefs and training or background of the respondents. This is because depending on respondents' religious education, most times perception and attitude is a function of observation of religious laws to either accept or adjust to situations as they occur. Also, judging from the responses, the Christian women had a higher mean score, meaning that they were more positive in their responses

Finally, hypothesis four comparing menopausal women's psychosocial needs on the basis of socio-economic level, showed that respondents from high, average and low socio-economic levels were not significantly different ($Cal.F = 1.842; P > 0.05$). This finding might have occurred due to the three levels involved in the variable. Moreover, they might have similar needs due to poor level of awareness relating to current information about menopause (Lih-Mei & Hunter, 2011).

Implications of the findings

The research has implications for healthcare providers, family members and the society as a whole. This is necessary in providing informational, social and emotional support for menopausal women, which will assist them in making better adjustment to the challenges they are faced with. In this study, the respondents were not significantly different in their perception of psychological and social support needs probably due to their similar cultural background such as what they hold true or value most as regards beliefs, which may have influenced their perception. Hence, culture may have been responsible. Therefore, such women require psychological counselling to enable them see their needs in the actual context of what they are, and not because of culture. The instrument could have played a part also in their

response patterns. This means that their responses could have been different if other instruments similar in purpose were administered on the respondents.

Conclusion and recommendations

The present study found that menopausal women's psychosocial adjustment needs vary. It observed that the most pressing of their psychosocial adjustment needs include having a better sexual relationship with their spouses, decreasing body wrinkles/improvement in emotions, overcoming symptoms of menopause, prevention of aging and obtaining fertility treatment, joining a group in order to share their concerns, attending social functions with spouse, getting closer to spouse, receiving encouragement from him and obtaining reassurance from fears and worries. The study also found similarities in menopausal women's psychosocial adjustment needs on the basis of marital status, educational level and socio-economic level, but they were different in terms of religion.

The following are therefore recommended:

1. There is need for counselling psychologists to organize seminars, workshops and enlightenment programmes for spouses of menopausal women, aimed at educating them on the psychosocial adjustment needs of these women which includes love, closeness to spouse etc, which will enable the women to make better adjustment to menopause and so live happily.
2. Individual and group counselling should be planned for menopausal women, aimed at helping them to understand themselves better and share their concerns with other women who experience similar problems in order to find solution to such problems. Psychological counselling enables women to adjust better to the situation and grants them the assurance that menopause is a natural phenomenon.
3. The medical experts should help to dispel fears, anxieties and worries in menopausal women by letting them understand that menopause is a natural phenomenon, as well as giving them information on how to cope with it in addition to administering treatment for severe cases.
4. Husbands should encourage their wives during menopause and take them to social functions regularly so as to build up their self confidence.
5. There is need for Christian and Muslim leaders to introduce training workshops/seminars through medical experts so that women will be

sufficiently enlightened on problems and coping strategies before and during menopause. This will prepare the women ahead of time instead of allowing them to learn in a hard way. Husbands should also be advised on how to assist their wives during the period, by showing concern and making the women feel loved.

Limitations

This study has a few limitations. First is that the subjects were selected from the metropolitan area of Bayelsa State, Nigeria. This makes the results less generalizable. Second is the fact that the actual number of women in the metropolis could not be ascertained due to unavailability of records. Thus, only an estimate provided by the medical personnel was used. Within the estimated population, only those who consented to participating in the research were selected, giving unequal number of respondents since getting those who fit into the requirements of this study was difficult to come by. Lastly, the responses may not truly represent the actual needs of the respondents since the less educated ones were assisted by research assistants. There is also the likelihood of faking in their responses, especially due to the secretive nature of women which is associated with the culture of Africans.

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Table 1: Means and Standard Deviation Scores for Psychosocial Adjustment Needs of Menopausal Women (N=226)

S/No.	Statement	X	SD
	Psychological Health Needs: My needs are:		
1.	improving sexual relationship with my spouse.	36.22*	5.93
2.	getting relief from pains, depression etc.	13.47	3.88
3.	preventing aging/obtaining fertility treatment..	24.08*	4.21
4.	overcoming symptoms of menopause.	25.52*	4.17
5.	increasing levels of hormone in my body.	7.47	2.61
6.	decreasing wrinkles/improve emotions.	26.33*	4.15
7.	regaining self-esteem and life satisfaction.	9.64	3.87
8.	freedom from self-guilt and blame.	8.46	2.28
	Social Support Needs: My social needs are:		
9.	joining a group where I can share my concerns.	23.29*	4.97
10.	spending more time with friends.	8.96	2.78
11.	obtaining reassurance from fears and worries.	18.20*	4.49
12.	changing my thinking by visiting others	5.63	3.15
13.	getting enough support from family members and NGOs.	16.63	4.35
14.	attending social functions with spouse.	22.45*	4.16
15.	getting closer to spouse/receiving encouragement from him.	19.36*	3.80

*=significant; having high mean scores

Table 2: t-test Analysis for Psychosocial Adjustment Needs of Menopausal Women by Marital status

Marital Status	N	X	SD	Df	Cal.t	Crit. T
Married	144	18.09	2.94	224	0.42 NS	1.96
Single	82	17.94	2.38			
Total	226					

NS= Not Significant; p>0.05

Table 3: t-test Analysis for Psychosocial Adjustment Needs of Menopausal Women by Educational Level

Educational Level	N	X	SD	Df	Cal. T	Crit. T
Highly Educated	166	122.16	11.27	224	1.83 NS	1.96
Less Educated	60	123.41	12.43			
Total	226					

NS= Not Significant; $p>0.05$

Table 3: t-test Analysis for Psychosocial Adjustment Needs of Menopausal Women by Educational Level

Educational Level	N	X	SD	Df	Cal. T	Crit. T
Highly Educated	166	122.16	11.27	224	1.83 NS	1.96
Less Educated	60	123.41	12.43			
Total	226					

NS= Not Significant; $p>0.05$

Table 4: t-test Analysis for Psychosocial Adjustment Needs of Menopausal Women by Religion

Religion	N	X	SD	Df	Cal. T	Crit. T
Christian	174	30.52	3.82	224	13.23*	1.96
Muslim	52	22.18	4.02			
Total	226					

*=Significant; $p<0.05$

Table 5: One way ANOVA for Psychosocial Adjustment needs of menopausal women by basis of socio-economic level

Source of Variance	SS	Df	MS	Cal.F	Crit.F
Between Groups	1630.12	105	296.54	1.842 NS	2.21
Within Groups	41243.22	120	183.15		
Total	42873.34	225			

NS= Not Significant; $p>0.05$