

Symptomatology of menopause among suburban Nigerian women

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ABSTRACT

Background: It is believed that the perception and attitude of women to menopause are strongly influenced by several variables which are largely social, cultural, and economic and may reflect in the differences in the mode of treatment. The objective of this study is to determine the age of attainment of menopause and the perception of the symptomatology of menopause among Nigerian women of different backgrounds.

Materials and Methods: Information was obtained with the aid of a structured questionnaire from 543 women who had attained natural menopause. Data were analyzed using SPSS version 21. Data analysis was descriptive and inferential at 95% confidence interval, and $P < 0.05$ was considered statistically significant.

Results: The mean menopausal age was 49.1 ± 4.54 years. The commonest early symptom of menopause was hot flushes (45.8%). The commonest late symptom of menopause was pain in the joints (57%). A majority of the women (82.4%) did not think that any of the symptoms may have been associated with cessation of their menses. However, the better educated the women were, the more knowledgeable they were about the symptoms of menopause $P < 0.01$.

Conclusion: The age at which Nigerian women attain menopause is comparable to that of other populations. The manifestation of menopausal symptoms in our women may constitute a significant health burden and it is imperative that healthcare providers should be knowledgeable about the manner in which these groups of women perceive menopausal symptoms. Education improves perception and may be the link to promoting better health-seeking behavior among menopausal women.

Key words: Menopause; suburban; symptomatology.

Introduction


Menopause refers to the last menstrual bleed, and diagnosis is often made retrospectively.^[1] It is an inevitable transitional phase, progressing slowly and culminating in a series of body changes that can last for 10 years.^[1] This transitional phase is often described as climacteric.^[2] It results from a decline in ovarian function and represents an important milestone in the reproductive life of women.^[3]

Perceptions and attitude vary significantly and are often influenced by social, economic, and cultural factors.^[4]

Several studies have failed to show significant interethnic variations in age at which women reach menopause.^[5,6] The symptomatology of menopause varies ranging from hot flushes, joint aches, vaginal dryness, fatigue, short-term memory loss, irritability, and mood swings among others.^[7]

The majority of women experience menopause as a physiologic aging event and do not generally seek expert

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management, despite available evidence in support of a relatively high prevalence of vasomotor symptoms.^[8] The experience of menopause is often shaped by beliefs inherent in cultural practices invariably interwoven with social status, sex role, and state of health.^[9] Hormone replacement therapy (HRT) is infrequently used by Nigerian women who seldomly present to health facilities with menopausal complaints and this has been linked to a better sociocultural environment resulting in better adjustment to perceived menopausal symptoms.^[10]

There are several emerging studies about menopause in African women. This study, however, seeks to evaluate the symptomatology of menopause among suburban women residing in Ibadan, Oyo State, Nigeria.

Materials and Methods

A descriptive cross-sectional survey of 543 menopausal subjects. A purposive sampling of market women in six semi-urban local government areas (Akinyele, Egbeda, Ido, Lagelu, Ona Ara, and Oluyole) of Ibadan, Oyo State, Nigeria, was carried out between February 1, 2013, and April 30, 2013. Only women who had experienced at least 12 consecutive months of amenorrhea and had no history suggestive of surgical amenorrhea were recruited for the study. An informed consent was obtained from all respondents. The questionnaire was translated into Yoruba language which was the predominant language of the Southwestern region of Nigeria.

Data collected included sociodemographic variables, such as age, religion, marital status, and educational level. Other information obtained included onset and knowledge about menopausal symptoms alongside the awareness about these symptoms. Data collected were analyzed using SPSS (SPSS; IBM, NY, USA) version 21 software. Data analysis was descriptive and inferential at 95% confidence interval, and a *P* value of less than 0.05 was considered statistically significant.

Results

In all, 500 women completed and returned their questionnaires. Their age range was between 40 and 90 years with a mean age of 59.03 ± 9.21 years. The menopausal age (MPA) of the respondents ranged between 36 and 68 years, with a mean age of 49.10 ± 4.54 years. A total of 254 (50.8%) respondents were Christians, the majority (82.4%) were married, while 52 women (10.4%) were widowed. Only 20.4% of the respondents were literate and possessed at least a diploma [Table 1].

The commonest early symptom of menopause was hot flushes (45.8%), followed by crawling sensation (22%), with mood changes being the least reported (5.2%) [Table 2]. The commonest late symptom of menopause was pain in the joints which was reported by 285 women (57%). Dyspareunia and vaginal bleeding were the least experienced late symptoms accounting for 4.4% and 0.2%, respectively [Table 3].

The majority of respondents (82.4%) did not think that any of the symptoms may have been associated with cessation of

Table 1: Demographic characteristics of the respondents (n=500)

Demographic variables	Percentage
Marital status	
Single	7.2
Married	82.4
Widow	10.4
Religion	
Christianity	50.8
Islam	42.4
Others	6.8
Education	
Literate (diploma and above)	20.4
Semi-literate	40.8
Illiterate	38.8
Age (years)	
40-49	19.6
50-59	38.4
60-69	29.4
70-79	10.4
≥80	2.2

Table 2: Early menopausal symptoms

Symptoms	Responses	
	Yes	No
Hot flushes	45.8%	54.2%
Crawling sensation	22%	78%
Loss of memory	17.2%	82.8%
Insomnia	10.2%	89.8%
Irritability	8.4%	91.6%
Mood changes	5.2%	94.8%

Table 3: Late menopausal symptoms

Symptoms	Responses	
	Yes	No
Joint pain	57%	43.2%
Muscle cramps	53.2%	46.8%
Inability to control micturition	13.8%	86.2%
Palpitations	12.8%	86.2%
Vaginal dryness	10.8%	89.2%
Loss of libido	7.6%	92.4%
Dysuria	4.8%	95.2%
Dyspareunia	4.4%	95.6%
Vaginal bleeding	0.2%	99.8%

their menses, while 5.2% did not know whether the symptoms had anything to do with cessation of their menses. The level of education positively influenced the knowledge about menopausal symptoms ($P < 0.01$) as the more literate the respondents were, the better their knowledge [Table 4].

A large number of respondents (97.4%) were unaware of treatment modalities for menopausal symptoms; however, 464 women (92.8%) were ready to take advantage of treatment if available.

Discussion

The criterion used for menopause in this study was continuous amenorrhea of at least 12 months. This finding is in consonance with those of previous studies in advanced societies and here in Nigeria, which indicates that the majority of women worldwide reach their menopausal age around 50 years.^[4,11-13]

A large proportion of the respondents (82.4%) did not think that any of the symptoms may have been associated with cessation of their menses. This is in contrast to another study done in Benin City,^[3] Nigeria, where a good number of the respondents studied were knowledgeable and conversant with the symptomatology of menopause. The difference may not be unrelated to the selection process and the respondents studied. This study was carried out on a relatively homogeneous group of suburban market women, whereas the study in Benin City, Nigeria, was among urban women.

The commonest menopausal-related symptom reported by the respondents was joint pains (285 respondents); this was closely followed by hot flushes in 229 respondents. This finding corresponds quite well with the outcome of a similar study conducted in Ile-Ife by Okonofua *et al.*^[10] in 1990, who surveyed 563 Nigerian women of Yoruba descent. The prevalence of hot flushes in this study was 45.8% which was much lower than findings among Caucasians. In a study by McKinlay^[14] in Netherlands, in 1996, 80% of Dutch respondents reported hot flushes as a major symptom of menopause. Regional variations in the incidence of vasomotor symptoms at menopause have been described and the observed differences have been ascribed to increased levels of symptom awareness amongst Caucasians.^[15]

In our environment, hot flushes may be misinterpreted as a component of malaria fever or raised environmental temperature as obtainable in the tropics. This observation was supported by the fact that 412 respondents (82.4%) did not think that any of their symptoms may have been associated with menopause.

Table 4: Knowledge about menopause and selected variables

Variable	Knowledge		Chi-square	P
	Poor (%)	Good (%)		
Age (years)			0.04	0.85
40-49	48 (48.9)	50 (51.1)		
50-59	100 (52.1)	92 (47.9)		
60-69	81 (55.1)	66 (44.9)		
70-79	29 (55.8)	23 (44.2)		
≥80	7 (63.6)	4 (36.4)		
Religion			0.29	0.77
Christianity	136 (53.5)	118 (46.5)		
Islam	114 (53.7)	98 (46.3)		
Others	20 (58.8)	14 (41.2)		
Marital status			0.36	0.55
Single	21 (58.3)	15 (41.7)		
Married	223 (54.1)	189 (45.9)		
Widow	28 (53.8)	24 (46.2)		
Education			19.61	<0.01
Literate	11 (10.8)	91 (89.2)		
Semi-literate	85 (41.7)	119 (58.3)		
Illiterate	162 (83.5)	32 (16.5)		

$P < 0.05$ is significant

The level of educational attainment had an effect on the respondent's awareness, prior knowledge, and perception of these menopausal symptoms. Symptom awareness was highest in those who were literate ($P < 0.01$) and showed a positive correlation with their awareness of symptomatology of menopause. Vasomotor symptoms especially hot flushes were readily recognizable by the more literate respondents. Education remains a key intervention in improving the awareness about symptomatology and management options of menopause. Expanding the Millennium Development Goal 2 beyond universal primary education for women may provide the window for improved perception of menopausal symptoms.

This study revealed a wide knowledge gap between symptomatology and treatment of menopausal symptoms. In all, 487 respondents (97.4%) were unaware of HRT. This was similar to the findings by Ande *et al.* in 2011 who reported an awareness of 7.3% among menopausal women in Benin City. None of the respondents was on HRT. A survey conducted among Nigerian gynecologist on the management of severe menopausal symptoms suggested a preference for anxiolytics and reassurance in the management of menopausal symptoms as against evidence-based effective therapies.^[16] There seems to be considerable variation in the recommendation of HRT to menopausal women with an extremist view considering such treatment as unnecessary and harmful.^[17]

A total of 464 women (92.8%) were ready to take advantage of the available treatment for their symptoms. The reasons

adduced for this ranged from “relief of pain” to “remaining in good health,” thus supporting the idea that a reasonable number of suburban women may be suffering in silence or outright ignorance. However, the majority of the respondents had a positive attitude toward menopause as evidenced by the fact that none of them had been or is presently on medication on account of these symptoms and had not been incapacitated by this condition. The subject of sexuality in menopausal women has remained an interesting discuss. The reduction in the levels of sex hormones has been thought to be responsible for the lack of sexual response in menopausal women. Loss of libido was reported in 38 respondents (7.6%) in the study. Menopause-related symptoms are believed to interfere and influence sexuality. A decline in sexuality was reported among menopausal women in America and was largely attributable to decreased libido, vaginal dryness, vaginal atrophy, and dyspareunia.^[18] A similar study done at the University College Hospital, Ibadan, revealed a decline in sexual activity with advancing age with many women favorably disposed to treatment modalities that would improve their sexual activity.^[19]

Conclusion

The symptomatology of menopause in suburban Nigerian women may indeed constitute an important health burden which has gone unnoticed for so long. An understanding of the symptomatology of menopause and its wide-reaching implications should be encouraged by promoting reproductive health education and prioritizing research activities aimed at elucidating grey areas and bridging knowledge gaps. Health care givers should be knowledgeable and equipped with necessary resources to provide optimal and evidence-based care. Establishment of well-woman clinics in suburban locations may provide positive reinforcements and peculiar needs of this group of women.

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Conflicts of interest

There are no conflicts of interest.

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