

# Age, Symptoms and Perception of Menopause Among Nigerian Women

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**OBJECTIVES** – To determine the age and perception of menopause as well as the prevalence of various menopausal symptoms among Nigerian women. **METHODS** – A questionnaire survey of 402 consecutive menopausal women seen at the outpatient clinic of the University of Nigeria Teaching Hospital Enugu, Federal Medical Center Abakaliki and Abia State University Teaching Hospital Aba, all in Southeast Nigeria, was undertaken. The data collected was analysed. **RESULTS** – The mean age at menopause was  $49.4 \pm 3$  years and median age was 49 years. Among the women studied, 18.9% reached menopause at 49 years and 14.9% at 48 years. The most frequent complaints were hot flushes (79.6%), fatigue (74.8%), joint pains (69.6%), irritability (68.4%), anxiety (68.1%), poor memory (52.2%), dyspareunia (44.7%), urinary symptoms (43.5%), depression (37.3%) and post-menopausal bleeding (29.8%). Earlier menopause was significantly associated with lower educational attainment, being unmarried, low parity and birth of the first child after 30 years ( $p < 0.05$ ). Twenty-five percent ( $n=101$ ) of women had a feeling of relief and a positive attitude towards menopause while 70% ( $n=281$ ) were apprehensive and felt frustrated. Stable home and good counseling on menopause were associated with positive attitude while increased frequency of vasomotor symptoms, low level of family support, limited information about menopause and being a professional woman were associated with negative attitude towards menopause. The use of medical services for menopause was low. **CONCLUSION** – Greater access to information, counseling and support are needed to promote a positive attitude to menopause.

**Key words** : menopause, menopausal symptoms, menopausal perception

## Introduction

Menopause, a feminine milestone that marks the transition to another period of life affects the woman's self image, sexual identity and quality of life. This results primarily from the profound fall in estradiol due to loss of ovarian follicular activity. Reports from different parts of the world show variation in the age and symptoms of menopause<sup>1-3</sup>. The concept of local biologies<sup>4</sup> and reproductive history<sup>5</sup> of the individual has been put forward to account for such variation in different societies.

This study was undertaken to ascertain the age and symptoms of menopause among Nigerian women and to investigate the relationship of menopause with the socio-demographic and reproductive characteristics of the women. The perception of menopause among these women was also evaluated.

## Material and Methods

The study population was menopausal women living

in Enugu, Abakaliki and Aba, all in Southeast Nigeria. Only women who had ceased menstruating for at least 12 months were included in the study. The women were interviewed in their homes, places of work and outpatient clinic of university of Nigeria teaching hospital Enugu, Federal medical center, Abakaliki and Abia state university Teaching Hospital Aba.

A questionnaire was designed incorporating biosocial data of age, marital status and educational attainment. Also reproductive characteristics, symptoms and perception of menopause were included. Trained nurses administered the questionnaire from October 2003 to March 2004. The majority of women knew their age at menopause, but when they could not remember it exactly, they were assisted by reference to important events in the community such as religious festivity.

Four hundred and fifty women were interviewed and 402 of the returned questionnaires contained enough material suitable for analysis. Statistical analysis was done with t-test using computational formula :  $t = \frac{\bar{x}_1 - \bar{x}_2}{\frac{S\bar{x}_1 - \bar{x}_1}{\sqrt{n}}}$

A p-value of  $< 0.05$  was considered significant.

## Results

The ages of menopause ranged from 44 to 56 years with the mean and median ages of  $49.4 \pm 3$  and 49 years respectively. Of these 18.9% of women reached

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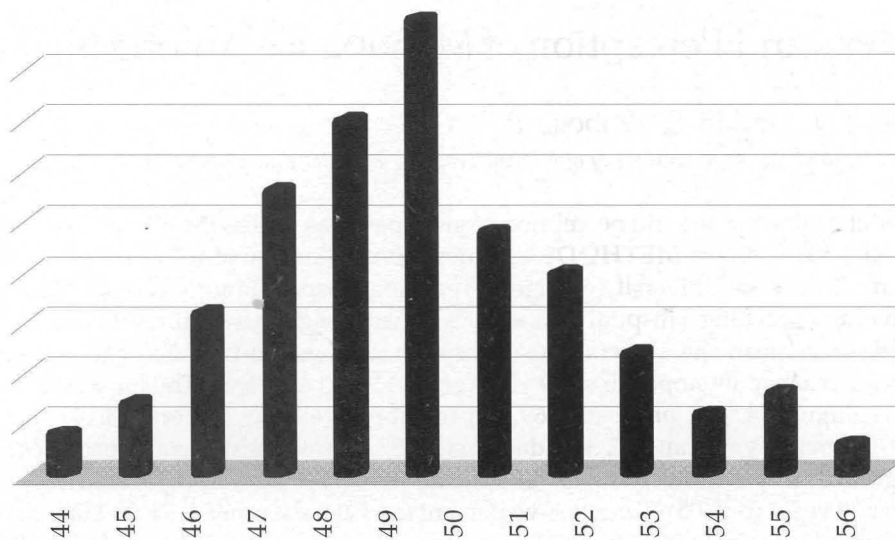


Fig 1. Percentage distribution of menopausal women by age

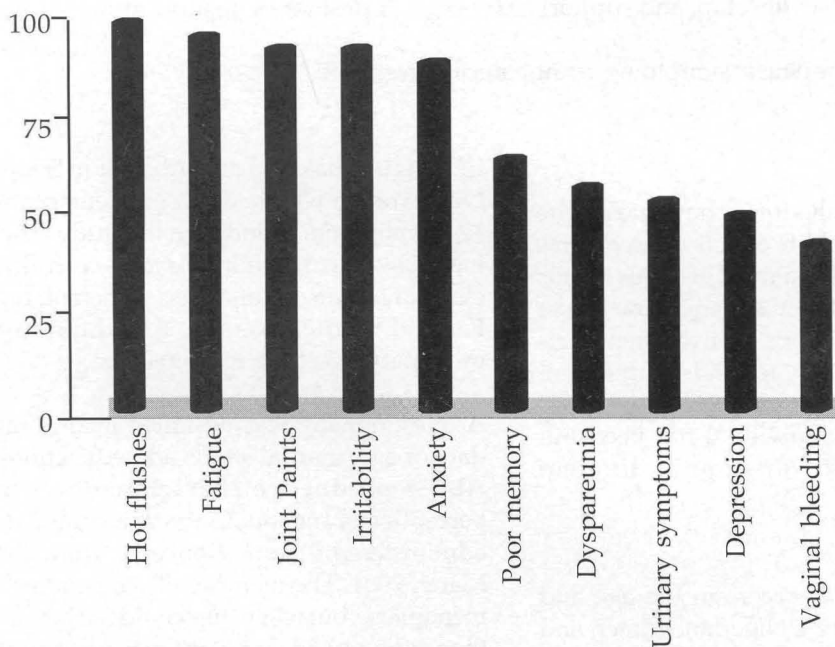


Fig 2. Percentage distribution of associated symptoms in menopausal women

menopause at 49 years and 14.9% at 48 years. Only 1.9% and 1.5% of women became menopausal at 44 and 56 years respectively (Fig.1).

The symptoms occurring at menopause are depicted in Fig. 2 and show that hot flushes was the commonest symptom. Others in decreasing frequency were fatigue (74.8%), joint pains (69.6%), irritability (68.4%), anxiety (68.1%), poor memory (52.2%), dyspareunia (44.7%), urinary symptoms (43.5%), depression (37.3%) and post-menopausal bleeding (29.8%).

The relationships of menopause with socio-demographic and reproductive characteristics were shown in Table I. The age of menopause showed a significant relationship ( $p < 0.05$ ) with lower educational attainment, decreasing parity, being unmarried and birth of first baby after 30 years. The age of menarche did not appear to have much bearing on the age at menopause ( $p > 0.05$ ).

On the perception of menopause, 25% ( $n=101$ ) had feeling of relief with cessation of menstruation and expressed a positive attitude towards it. However, 70%

Table I. Relationship Between Age of Menopause Socio-Demographic and Reproductive Characteristics

Characteristics	Number	Mean Age	SD	T-value	P-value
<b>Education</b>					
<b>Education</b>					
None	54	47.2	3.2	4.40	0.0003
Primary	18	47.9	3.0		
Secondary	120	48.8	2.6		
Tertiary	48	49.5	1.8		
<b>Marital Status</b>					
Unmarried	26	46.3	1.6	3.70	0.0001
Married	376	48.5	3.0		
<b>Age at Menarche (Years)</b>					
<15	218	48.6	2.1	1.20	0.1151
> 15	184	48.3	2.9	(NS)	
<b>Parity</b>					
None	18	47.9	2.1	2.67	0.0038
1-4	158	48.3	2.5		
5-9	210	48.5	2.9		
>10	16	50.3	3.1		
<b>Age at first pregnancy (Years)</b>					
<20	254	48.6	2.8	2.82	0.0024
20-29	136	48.3	2.2		
>30	12	46.3	1.5		

SD : Standard deviation

NS : Not significant

(n=281) felt frustrated and were apprehensive about the loss of femininity. The remaining 5% (n=20) expressed no opinion. All the respondents (n=281) that expressed negative attitude towards menopause had vasomotor symptoms. Eighty-four percent (n=235) of this group of respondents had low level of family support while 83% (n=233) had limited information on menopause. Of the 50 professional women in the study, 90% (n=45) expressed negative attitude towards menopause. On the other hand, stable home and good counseling on menopause accounted for 97% (n=98) and 88% (n=89) of respondents that had positive attitude to menopause. Only 25.4% (n=102) sought medical help because of menopause and the commonest symptoms that brought them to hospital were joint pains (n=80), urinary symptoms (n=68), vasomotor symptoms (n=45) and post-menopausal bleeding (n=19).

## Discussion

The mean age at menopause ( $49.4 \pm 3$  years) found in this study is slightly lower than figures reported from many western countries<sup>6,7</sup> but within ranges quoted in sub-Saharan Africa<sup>8</sup>. It has been shown that the most important factor determining a woman's age at menopause is the number of ovarian follicles and that menopause occurs when the number of primordial follicles has fallen to a critical number<sup>9</sup>. However, factors such as race<sup>10</sup> and socioeconomic conditions across the life span<sup>11</sup> could possibly account for the differences observed between different regions and races of the world.

Menopausal age in this study tended to decrease with low educational attainment, decreasing parity, birth of first baby after 30 years and unmarried status. The



decreased number of ovulatory cycles in women with high parity and those on contraceptive drugs resulted in greater conservation of ovarian follicles and therefore later age at menopause<sup>10,12</sup>.

On the other hand, unmarried women and those that married late had more ovulatory cycles and therefore earlier age at menopause. Low educational attainment and the attendant economic hardship prevalent in most developing countries has been shown to lead to earlier age of menopause<sup>11</sup>.

Hot flushes is the most common (79.6%) symptom observed among menopausal women in this study. This symptom, which has been reported to be lower in some rural and non-western areas<sup>13</sup>, occurs less frequently in Asian, than in Caucasian women<sup>14</sup>. It is known that socioeconomic factors have a modulating effect on the frequency of menopausal symptoms. The heightened expression of symptoms of menopause observed in this study may reflect the increased permeation of western values into our traditional cultural setting.

Although menopause is a universal experience, the perception among women differs. While 25% of women categorized menopause as a natural event and had positive attitude towards it, majority (70%) felt frustrated and were apprehensive about it. Stable home and good counseling were predictors of positive attitude towards menopause. A negative attitude towards menopause on the other hand was associated with more vasomotor symptoms, low level of family support, limited information about menopause and professional careers. Professional women reported more menopausal symptoms<sup>15</sup>, and were often apprehensive about diminishing abilities to cope with their jobs, changes in their body, loss of femininity and their husbands losing interest in them. The situation was worsened by lack of family support as the children got emancipated and started their own homes. The typical African extended family system, where distant relatives offer support is rarely practiced in the cities. The frequency of use of medical services for counseling or treatment by these women is low as they often embark on self-medication. Attendance to clinic is associated with such symptoms as post-menopausal bleeding, urinary symptoms and persistent joint pains, which have remained unabated after long periods.

The menopausal features among Nigerian women are akin to those observed in the western countries. However, the attitude and perception of menopause is related to socio-demographic variables, family support, counseling and intensity of various menopausal symptoms. To promote a positive attitude towards menopause, a greater access to information, counseling and support are essential.

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