

## Knowledge of Coping Strategies of Menopause Possessed by Female Non-Academic Staff of University of Nigeria, Nsukka

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### Abstract

*Menopause is a permanent and natural occurring stage in the life of every woman. It is a sign of end of reproductive life of women. However, irrespective of the fact that menopause is a natural and compulsory stage of a woman's life, women face some difficulties when it comes. Women require coping strategies in order to adjust with menopause. The study investigated the knowledge of coping strategies among female non-academic staff of University of Nigeria, Nsukka, Enugu State. The population covered 821 female non-academic staff. The multi stage sampling technique was used to pick 270 female non-academics. The reliability of the instrument was tested using Cronbach alpha and reliability coefficient of 0.70 was established. Results revealed that overall level of knowledge of coping strategies for menopause posed by female non-academic staff was high irrespective of age and level of education. Also, there was no significant difference in the knowledge of coping strategies by the respondents based on age and level of education. It was recommended among others that awareness program on menopause be mounted for women of reproductive age which will help them to be aware of menopausal symptoms and coping strategies before getting to that stage.*

**Keywords:** Menopause, women, coping strategies, age, education

### Introduction

Due to increased population growth in both developed and developing countries, the population of menopausal women is rapidly increasing globally (Igbokwe, 2011). Statistically, it was estimated that in 1998, there were over 477 million postmenopausal women in the world and this number is projected to rise to 1.2 billion by the year 2030, with most of the increase occurring in developing countries (Ibraheem, Oyewole & Olaseha, 2015). In 2010, there were nearly 400 million women worldwide (Nigeria inclusive) of menopausal age, and about 500 million women will be entering the menopause transition over the next 5 to 10 years (United States Census Bureau, 2010).

Greater proportion of the female population in Nigeria are in their menopausal phase and as a result experience some signs and symptoms associated with menopause (Ibraheem, Oyewole & Olaseha, 2015). The National Population Commission (NPC), (2009) stated that Nigeria Demographic and Health Survey of 2008 documented the percentage of menopausal women as 9.4 percent. This notwithstanding, the International menopause society asserted that Africa, especially Nigeria, is usually missing from international medical conferences or forums that discuss menopause-related issues despite the increasing population of menopausal females (Ibraheem, Oyewole & Olaseha, 2015). However, menopause is an issue that is insufficiently acknowledged and has not received adequate attention from any quarter of the Nigerian society. Despite the call by World Health Organization (WHO) in 1980 and 1990 on all member states to review the existing information on menopause and make recommendations for future and clinical practice, little is known about issues relating to menopause in Nigeria (WHO, 2001). The challenge of providing adequate knowledge for women reaching menopause is a question far removed from the authorities and the lack of policy in this regard is a major hurdle (Arkutu, 2005). In addition, Adekunle, Fawole and Okunlola (2010) opined that major cultural differences exists which to a large extent influence several characteristics and knowledge of women on the subject of menopause. Consequently, many Nigerian women reach menopause age without knowing anything about the symptoms of this period and how to deal with them. Therefore, they face menopause with basic confusion, discouragement, contradiction and fears

that something abnormal is happening to them. However, the concept of menopause is interpreted differently by different authors; hence there are various views and definitions of the concept.

World Health Organization WHO (2001), defined menopause as the permanent cessation of menstruation as a result of the loss of ovarian follicular activity. Zieve (2010), Igbokwe (2011), Lee, Kim, Park, Yang and Joe (2010), Anderson (2014) Ilo, Agbapuonwu, Okeke, Makachi, Orji & Odira, 2015, Aime, Andre & Remond 2017 defined menopause as a term used to describe the permanent cessation of the primary function of the human ovaries; the ripening and release of ova and the release of hormones that cause both the creation of the uterine lining and the subsequent shedding of the uterine lining (menstruation) after at least twelve months.

The average age of menopause varies from population to population. Shakila, Sridharan and Thiyagarajan (2014) asserted that the average age of menopause is between the ages of 45 and 55 years worldwide. Southin (2010) opined that the average age for menopause in Nigeria is 48.4 years. Surprisingly, while menopause is naturally triggered, the normal cycle of a woman's reproductive system can be interrupted by some factors thereby bringing on menopause earlier than normal. This is known as premature menopause.

Menopause is linked with several symptoms. These symptoms include: hot flushes, night sweats, vaginal atrophy, sleeping problems, fatigue, headache, shortness of breath, weight gain, increased facial hair, emotional problems like irritability, depression, anxiety cardiovascular diseases, osteoporosis, urinary incontinence among others (Ozumba, Obi, Obikili & Waboso (2005), Borker, Venugopalan & Bhat, (2013) , Saima, Fatma, Hanan, Khawla, Noura, & Fatma, (2014) and, Shakila, Sridharan & Thiyagarajan, (2014). Menopausal symptoms will affect each woman differently and it is not possible to predict the severity and duration of these symptoms (Shakila, Sridharan & Thiyagarajan, 2014).

In a study conducted by Nwosu in (2002), he asserted that if the symptoms that women battle with in menopause are not well managed, this can affect their health negatively. However, a barren woman who has some hope that God will give her a child some day or a spinster with hopes of getting married or a married woman with children of same sex can be thrown into emotional health problems at the advent of menopause.

However, the most difficult task in menopause is the way to prevent and/or manage the stress, depression, emotions and other symptoms which present health problems for menopausal women. As a result of this, Igbokwe (2011) opined that the challenges of menopause necessitate the need for coping strategies since menopause is something that is inevitable. In addition, Derek and Lievellyn (2008) asserted that the ability of women to successfully go through the menopausal period and live satisfactorily afterwards depend on their level of knowledge of menopause and the adoption of appropriate strategies to cope with it.

Coping is when one reduces the stress of some difficult challenge by anticipating what it will be like and preparing for how to deal with it. Coping has been defined in psychological terms as constantly changing cognitive and behavioural efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of the person (Yazdkhasti, Simbar & Abdi, 2015).

Strategy is a careful plan designed to achieve a particular purpose. Business Dictionary (2017) defined strategy as a method or plan chosen to bring about a desired future, such as achievement of a goal or solution to a problem. Park (2007) is of the view that the purpose of strategizing is to match the limited resources with the problems in order to eliminate and to develop the best course of action or change. However, when coping relates to strategy, it is known as coping strategy.

Coping strategy is a behaviour that helps us to function better in a given situation. Coping strategies allows people to use various skills to manage the difficulties they face in life and the appropriate strategy one adopts is mostly determined by their personality and also by the type of stressors and level of stress in the situation associated with the individual (Nwosu, 2002). Coping strategies refer to the specific efforts both behavioural and psychological that people employ to master, tolerate, reduce or minimize stressful events (Rotem, Kushnir, Levine & Ehrenfeld, 2005). In the context of this study, coping strategy is simply the behaviour employed by menopausal women to improve their adaptation to menopause symptoms, and eventually promote their quality of life at this stage.

In coping with menopause, Bhore (2015) identified three strategies. They are categorized as: Hormone Replacement Therapy (HRT), alternative medicine and healthy lifestyle changes. HRT has risks as well as benefits. HRT has been found to increase the risk of breast cancer, heart disease and stroke.

Healthy lifestyle is a disciplined way of life that promotes healthy living habits and attitudes and discourages behaviours injurious to individual and community health. Barclift and Jones (2012), Bahadir, Certel and Topuz (2014) maintained that healthy lifestyle is a way of life that encourages personal hygiene, rest and relaxation, regular physical exercise, healthy nutrition, stress management, safety habits, safe sex, dietary or nutritional supplements, and non-substance use reduces health problems during menopause (Nwoke & Onyeocha, 2008). The next coping strategy to be discussed is physical exercise.

Physical exercise is a key contributor to overall musculoskeletal health, because of the responsiveness of bone to the mechanical forces that physical activity places on it. Regular physical exercise is necessary to support bone and heart health, improve sleep, lift mood, maintain body weight and prevent other health conditions associated with weight gain, maintain pelvic strength (Aniodo, 2011 & Godoy, Guevara, Galvan, Balleferos, Gacia and Juan 2017). Having examined three of the coping strategies for menopause, we can now take a look at knowledge.

Knowledge is essential in every facet of life. It is paramount to an individual's quality of life because everything we do depends on what we know. WHO (2000), Cavell (2002), Stuart and Acheterberg (2004), asserted that knowledge is prerequisite for good health by making an individual capable of taking different or more effective action. The next item to be discussed will be female non-academic staff of University of Nigeria, Nsukka.

Female non-academic staff are female employees within an academic environment whose jobs do not involve teaching. Their job description within the academic environment is majorly administrative, technical or professional. However, these female non-academic staff having adequate knowledge of menopause and its coping strategies will help them understand the body changes that occur at this stage and how to cope effectively with the symptoms these changes present. Female non-academic staff as used in this study constitutes the senior female administrative staff.

However, knowledge of menopause and its coping strategies possessed by female non-academic staff is capable of being influenced by some socio-demographic factors such as age, and educational qualification. Therefore, the study identified educational qualification and age as such factors capable of influencing the knowledge of menopause and its coping strategies possessed by female non-academic staff. Educational qualification is a crucial factor that can predict knowledge of female non-academic staff towards menopause and its coping strategies. It is believed that the higher the educational level of an individual, the higher the chances of exposure to certain information, thereby increasing the individual's knowledge (Daba, Beyene, Fekadu & Garoma, 2013). One of the variables to be discussed is Age.

Age also can have some degree of influence on knowledge of menopause and its coping strategies possessed by female non-academic staff. Age brings about maturity and maturity put one in a position to seek information about certain issues (Addai, 2008). This study is anchored on Health Belief Model.

University of Nigeria, Nsukka (UNN) is one of the Federal Universities located in Enugu State, South-Eastern Zone of Nigeria. The University is located in the heart of Nsukka town. It is a co-educational community that hosts a good number of students from all over the country and beyond undertaking varieties of programmes. The inhabitants of University of Nigeria, Nsukka are predominantly students and staff (academic and non-academic). The campus was chosen as the location for the study because there are numerous female non-academic staff in UNN. It is necessary to find out their knowledge of menopause and its coping strategies because having proper knowledge of menopause and its coping strategies will help them to be able to adapt effectively to their work while experiencing the symptoms of menopause.

### **Statement of the problem.**

Menopause is not a disease but a condition associated with hormonal changes where oestrogen diminishes to a low level causing health related symptoms. Appropriate understanding of women that menopause is associated with certain body changes will help them with greater readiness

to cope with these changes. Also, having proper knowledge regarding menopause and its coping strategies helps women to handle menopause transition like a normal part of life, just like puberty (Saima, Fatma, Hanan, Khawla, Noura, Fatma. 2014, & Aime, Ardre, Raymond 2017).

Consequently, it has been observed that some of these women in their mid-forties always complain of symptoms related to menopause and often mistake these symptoms to one health problem or the other. Some of these women also claim that they are poisoned or are being attacked spiritually. Thus, this situation justifies the present study which is aimed at determining the knowledge of menopause and its coping strategies possessed by female non-academic staff of University of Nigeria, Nsukka.

The purpose of the study is to ascertain the knowledge of menopause and coping strategies of menopause possessed by female non-academic staff of University of Nigeria Nsukka.

Specifically, the study sought to determine the:

1. Level of knowledge of coping strategies of menopause possessed by female non-academic staff of University of Nigeria, Nsukka.
2. Level of knowledge of coping strategies of menopause possessed by female-non-academic staff of University of Nigeria, Nsukka based on age.
3. Level of knowledge of coping strategies of menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on educational qualification.

To guide this study, the following research questions were posed:

1. What is the level of knowledge of coping strategies for menopause possessed by female non-academic staff of University of Nigeria, Nsukka?
2. What is the level of knowledge of coping strategies for menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on age?
3. What is the level of knowledge of coping strategies for menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on educational qualification?

The following null hypotheses were postulated for the study and were tested at 0.05 level of significance.

1. There is no significant difference in the level of knowledge of coping strategies for menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on age.
2. There is no significant difference in the level of knowledge of coping strategies for menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on educational qualification.

### ***Method***

The study adopted descriptive survey design which is suitable for this type of study Udo & Joseph (2005). University of Nigeria Nsukka was the area of study. The population of the study consisted of all the senior female administrative staff (821) academic planning unit, University of Nigeria Nsukka, 2017. The sample size of 270 females' respondents were used for the study using Taro (Nworgu 2015). Simple random sampling was employed to selected 6 departments each from the selected faculties to ensure that each dept is selected.

A researcher designed questionnaire known as knowledge of coping strategies menopause questionnaire (KOMAKOSO) was used to collect data from the respondents. The face validity of KOMAKOSO was established through the judgement of the experts from Human Kinetics and Health Education UNN, Nsukka. The instrument was administered to 20 senior female administrative staff in UNN Enugu Campus (UNEC) and after the use of Cronbach alpha a reliability coefficient was .70 which is considered reliable according to Ogbazi, & Okpala (1994). In order to gain access to the respondents, a letter was collected from the head of department Human Kinetics & Health Education UNN. The completed copies were collected with the help of two research assistants. Data was analysed using frequency, percentages and chi-square.

### Results

The findings of the study are presented in Tables according to data answering research questions and data testing the postulated hypotheses.

Table 1  
**Level of Knowledge of Coping Strategies for Menopause Possessed by Female Non-Academic Staff (n=260)**

S/N	Item Statement	Correct Responses f (%)	Incorrect Responses f (%)
1.	One way of coping with menopause that is not associated with health risk is through healthy lifestyle changes	96 (36.9)	164 (63.1)
2.	One appropriate healthy lifestyle for coping with menopausal syndrome is through engaging in physical exercise	206 (79.2)	54 (20.8)
3.	Drinking palm wine daily is an inappropriate way for coping with menopausal syndrome.	199 (76.5)	61 (23.5)
	<b>Overall %</b>	<b>64.2</b>	<b>35.8</b>

**Key:** 0-9% = Very low; 10-39% = Low; 40-59% = Moderate; 60-79% = High; 80% & above = Very high.

Data in Table 1 show that the overall percentage of female non-academic staff level of knowledge of coping strategies for menopause was high (64.2%). Data in table further show the level of knowledge of specific items possessed by female non-academic staff as follows: low knowledge (36.9%) of healthy lifestyle as coping strategy for menopause that is not associated with health risk, high knowledge (79.2%) of physical exercise as the appropriate healthy lifestyle for coping with menopausal syndrome and high knowledge (76.5%) of drinking palm wine daily as inappropriate way for coping with menopausal syndrome.

Table 2  
**Level of Knowledge of Coping Strategies for Menopause Possessed by Female-Non-Academic Staff Based on Age (n=260)**

S/N	Item Statement	< 30years (n=72)		30-49years (n=170)		50years & above (n=18)	
		Correct Responses f (%)	Incorrect Responses f (%)	Correct Responses f (%)	Incorrect Responses f (%)	Correct Responses f (%)	Incorrect Responses f (%)
1.	One way of coping with menopause that is not associated with health risk is through healthy lifestyle changes	33 (45.8)	39 (54.2)	52 (30.6)	118 (69.4)	11 (61.1)	7 (38.9)
2.	One appropriate healthy lifestyle for coping with menopausal syndrome is through engaging in physical exercise	61 (84.7)	11 (15.3)	130 (76.5)	40 (23.5)	15 (83.3)	3 (16.7)
3.	Drinking palm wine daily is an inappropriate way for coping with menopausal syndrome.	51 (70.8)	21 (29.2)	132 (77.6)	38 (22.4)	16 (88.9)	2 (11.1)
	<b>Overall %</b>	<b>67.1</b>	<b>32.2</b>	<b>61.6</b>	<b>38.4</b>	<b>77.8</b>	<b>22.2</b>

**Key:** 0-9% = Very low; 10-39% = Low; 40-59% = Moderate; 60-79% = High; 80% & above = Very high.

Data in Table 2 show that overall, female non-academic staff regardless of their age had high knowledge of coping strategies for menopause. Female non-academic staff in age group 50years & above had higher knowledge (77.8%) of coping strategies for menopause than female non-academics in age group > 30years (67.1%) and age group 30-49years (61.6%). This implies that older female non-academics had higher knowledge of coping strategies for menopause than other age categories.

Table 3  
**Level of Knowledge of Coping Strategies for Menopause Possessed by Female-Non-Academic Staff Based on Age (n=260)**

S/N	Item statement	NCE (n=39)		HND /B.Sc/ B.Ed (n=163)		M.Ed /M.Sc/ M.Eng & above	
		Correct Responses f (%)	Incorrect Responses f (%)	Correct Responses f (%)	Incorrect Responses f (%)	Correct Responses f (%)	Incorrect Responses f (%)
1.	One way of coping with menopause that is not associated with health risk is through healthy lifestyle changes	13 (33.3)	26 (66.7)	60 (36.8)	103 (63.2)	23 (39.7)	35 (60.3)
2.	One appropriate healthy lifestyle for coping with menopausal syndrome is through engaging in physical exercise	30 (76.9)	9 (23.1)	127 (77.9)	36 (22.1)	49 (84.5)	9 (15.5)
3.	Drinking palm wine daily is an inappropriate way for coping with menopausal syndrome.	30 (76.9)	9 (23.1)	125 (76.7)	38 (23.3)	44 (75.9)	14 (24.1)
<b>Overall %</b>		<b>62.4</b>	<b>37.6</b>	<b>63.8</b>	<b>36.2</b>	<b>66.7</b>	<b>33.3</b>

**Key:** 0-9% = Very low; 10-39% = Low; 40-59% = Moderate; 60-79% = High; 80% & above = Very high.

Data in Table 3 show that overall, female non-academic staff irrespective of their educational qualification had high knowledge of coping strategies for menopause. Female non-academic staff with M.Ed/M.Sc./M.Eng & above had higher knowledge (66.7%) of coping strategies for menopause than those with HND/B.Sc/B.Ed (63.8%) and NCE (62.4%). This implies that female non-academic staff with M.Ed/M.Sc./M.Eng & above had higher knowledge of coping strategies for menopause than other categories. Data in Table 6 also shows that regardless of educational qualification, female non-academic staff specifically had low knowledge of healthy lifestyle as coping strategy for menopause that is not associated with health risk. Female non-academic staff with M.Ed/M.Sc./M.Eng & above, HND/B.Sc/B.Ed and NCE had low knowledge (39.7%, 36.8% and 33.3% respectively) of healthy lifestyle as coping strategy for menopause that is not associated with health risk.

#### Hypotheses one.

There is no significant difference in the level of knowledge of coping strategies for menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on age.

Table 4  
**Summary of Chi-Square Analysis of No Significant Difference in the Level of Knowledge of Coping Strategies for Menopause Possessed by Female Non-Academic Staff Based on Age (n=260)**

Correct Variable	Incorrect		O(E)	X <sup>2</sup> -value	df	Sig.
	N	O (E)				
< 30years	72	55 (52.6)	17 (19.4)	1.899	2	.387
30-40 years	170	120 (124.2)	50 (45.8)			
50 years & above	18	15(13.2)	3 (4.8)			

**Key:** O = Observed frequency; E = Expected frequency; df = Degree of freedom; Sig. = Significance.

The Chi-Square test for independence shows no significant difference ( $X^2 = .387$ ,  $df = 2$ ,  $Sig. = .387 > .05$ ) in the level of knowledge of coping strategies for menopause possessed by female non-academic staff based on age. Since the Sig. was greater than .05 level of significance at 2 degree of freedom, the null hypotheses of no significant difference was therefore not rejected. This implies that female non-academic staff did not differ in their knowledge of coping strategies for menopause based on age.

**Hypotheses two.**

There is no significant difference in the level of knowledge of coping strategies for menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on educational qualification.

Table 5

**Summary of Chi-Square Analysis of No Significant Difference in the Level of Knowledge of Coping Strategies for Menopause Possessed by Female Non-Academic Staff Based on Educational Qualification (n=260)**

Correct Variable	Incorrect		O (E)	X <sup>2</sup> -value	df	Sig.
	N	O (E)				
NCE	39	27 (28.5)	12 (10.5)			
HND/B.Sc/B.Ed	163	120 (119.1)	43 (43.9)	.351	2	.839
M.Ed/M.Sc/M.Eng & above	58	43(42.4)	15 (15.6)			

**Key:** O = Observed frequency; E = Expected frequency; df = Degree of freedom; Sig. = Significance

The Chi-Square test for independence shows no significant difference ( $X^2 = .351$ ,  $df = 2$ ,  $Sig. = .839 > .05$ ) in the level of knowledge of coping strategies for menopause possessed by female non-academic staff based on educational qualification. Since the Sig. was greater than .05 level of significance at 2 degree of freedom, the null hypotheses of no significant difference was therefore not rejected. This implies that female non-academic staff did not differ in their knowledge of coping strategies for menopause based on educational qualification.

### **Discussion**

Findings from Table 1 and 2 showed that overall, female non-academic staff possessed high knowledge of coping strategies for menopause. These finding was expected and not surprising because knowledge of coping strategies for menopause is expected to help women adapt effectively to the symptoms of menopause. These findings are in consonance with Nwoke and Onyeocha (2008) who recommended that in-house seminars and workshops should be periodically organized by health and allied educators to enlighten women on health promoting strategies for menopause.

The study revealed that irrespective of age, female non-academic staff possessed high knowledge of coping strategies for menopause. Female non-academic staff in age group 50years & above possessed slightly high knowledge of coping strategies for menopause than those in age group <30years and age group 30-49years. The difference was not significant; however, as Table 8 revealed that there was no significant difference in the level of knowledge of coping strategies for menopause possessed by female non-academic staff based on age. These findings are expected and not surprising because female non-academic staff irrespective of age are expected to have good knowledge of coping strategies for menopause. This is in line with Elkazeh and El-zeftawy (2015) who found that there is no significant difference in the level of knowledge of preventive health behaviours for menopause among women and their age. Shakila, Sridharan and Thiyagarajan (2014) asserted that regular exercise, taking the right foods and food supplements is a key to improving and maintaining overall health of an individual including the health of menopausal women.

Moreover, regardless of educational qualification, female non-academic staff possessed high knowledge of coping strategies for menopause. Female non-academic staff with M.Ed/M.Sc/M.Eng possessed slight higher knowledge than other categories (M.Ed/M.Sc/M.Eng > HND/B.Sc/B.Ed > NCE). The difference was not significant; however, as Table 10 showed that there was no significant difference in the level of knowledge of coping strategies for menopause based on educational qualification. This finding is expected and not surprising because one would expect female non-academic staff to have good knowledge of coping strategies for menopause as menopause is a natural and universal event in the reproductive of women. The findings is in contrast with Nwoke and

Onyeocha (2008) who asserted that educational attainment is known to affect the health promotion strategies adopted by menopausal women.

### **Conclusion**

1. Overall, level of knowledge of coping strategies for menopause possessed by female non-academic staff was high irrespective of age and level of education. Also there was no significant difference in the level of knowledge of coping strategies for menopause possessed by female non-academic staff based on Age and educational qualification.

### **Recommendations**

Awareness programme on menopause should be conducted for women in reproductive age. This will help them to be aware of menopausal symptoms before entering menopause so that they can cope effectively with them.

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