

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

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Abstract

This study determined the knowledge of menopause possessed by female non-academic staff of University of Nigeria, Nsukka. To achieve the purpose of this study three specific objectives were formulated with three corresponding research questions and two Null-hypotheses were postulated. The design was descriptive survey research design. The population for the study consisted of 821 senior female administrative staff of UNN. A sample size of 270 respondents, which was drawn using a multi-stage sampling procedure was applied. A researcher developed knowledge of menopause possessed by female non-academic staff of University of Nigeria, Nsukka questionnaire was used as instrument for data collection. The instrument was face validated by three experts from the department of Human Kinetics and Health Education UNN. SPSS version 24 was used to analyze the data from the returned copies of the questionnaire. Frequencies and percentages were used to answer the research questions while chi-square (X^2) statistics at 0.05 level of significance was used to test the hypotheses. Findings from the study reviewed that female non-academic possessed high knowledge (60.9%) of menopause while specifically they had very high knowledge (80.4%) of the meaning of menopause. There was a significance difference in the level of knowledge of menopause possessed by female non-academic staff based on age. ($Sig = .005 < .05$ at 2df). The study recommended among others that the University of Nigeria, Nsukka authority should liaise with the ministries of health, education & women affairs to enable them design information dissemination programmes for female University staff on menopause.

Keywords: Menopause, women, knowledge, age, education

Introduction

Despite the fact that menopause is a natural phenomenon for women, most women still have some challenges when it eventually comes. Menopause has become a global public health issue. This is because as women get older and advance to menopause, they experience some symptoms which are sometimes very disturbing and unpredictable especially when the person does not know that the symptoms are related to menopause. With the beginning of third millennium, menopause attracted the attention of medical and health communities, as a major health problem among women in multiple countries. Tetteh (2008) reported that women's inability to cope with the symptoms of menopause is the most common reason for them to attend health care centres.

As a result of increased population growth in both developed and developing countries, the population of menopausal women is experiencing a rapid increase 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).

In addition, Adekunle, Fawole and Okunlola (2010) opined that major cultural differences exist which to a large extent influence several characteristics and knowledge of women on the subject of menopause. Culturally, amongst the Igbo's, discussion on sexuality including menopause is often shrouded in secrecy. Rarely is such discussion carried out even among women themselves. 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.

Menopause, also known as a change of life is a natural and unavoidable phenomenon which occurs in women. World Health Organization WHO (2001), defined menopause as the permanent cessation of menstruation as a result of the loss of ovarian follicular activity. Scholars such as Khan and Hallad (2006) conceived menopause as a major transitional period in the life of every woman which commences as a woman steps into a long, slow process of natural reproductive aging involving a series of body changes that can last from one year to as long as to ten years thus ending her reproductive years. Igbokwe (2011) 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). According to Anderson (2014), menopause is the period that begins after at least twelve months without any menstrual episode. The author further stresses that menopause is regarded as the point along the ageing process that is marked by cessation of menstruation. The author maintained that it is the time in a woman's life when the function of the ovaries ceases. The definition of menopause by WHO (2001) will be adopted in this work. Menopause in the context of this study therefore, refers to the permanent cessation of menstruation as a result of the loss of ovarian follicular activity.

Typically, menopause is a phenomenon unique to all females. The onset of menopause represents a landmark in the reproductive life of women and it brings women acutely face to face with the reality of ageing. Although menopause is considered a normal milestone in a woman's reproductive life, there can be changes and experiences of numerous sensations that may significantly and often negatively challenge the women's health and feelings of well-being (Barclift & Jones, 2012). Therefore, menopause needs special care from physical and psychological point of view. However, just as there is need to focus on the health of women in reproductive age, there is also need to ensure that the health needs of menopausal women are addressed. Lee, Kim, Park, Yang and Joe (2010), asserted that with the increasing average length of postmenopausal life span, it has become imperative that proper attention be given to the health of menopausal women to ensure that they enjoy the twilight years of their life optimally. This notwithstanding, each woman's experience of menopause varies greatly and it may come on suddenly or gradually. More so, the transition to menopause can span over several years. It often begins with variations in menstrual cycle length in response to decreasing levels of hormones.

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 (2015) 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.

Premature menopause usually occurs before the age of 40. Although the exact cause is unknown, but there is a remedy for it with a hormonal therapy (Pinkerton et al.). Onuzulike (2007) identified that premature menopause could be caused by risk factors such as inherited disposition, chemotherapy, radiation of pelvis, smoking, disease of the ovaries, prolonged use of oral contraceptive, chemicals in plastics, removal of the ovaries or/and uterus through surgery (oophorectomy and hysterectomy respectively), processes that impair ovarian blood supply, excessive consumption of alcohol, genetics, autoimmune disorders, poor nutritional status, hormonal imbalance, unwomanly occupation and ovarian malfunction. However, women who enter menopause prematurely experience symptoms similar to those of natural 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 among others (Saima, Fatma, Hanan, Khawla, Noura, & Fatma, 2014). The authors maintained that these symptoms can be disruptive and frustrating. However, it is worthy to note that the symptoms of menopause are unique for every woman. 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). Many women would go through menopause with or without symptoms. In some cases, some women may start to experience certain symptoms up to two years before menstruation stops while others may start

to experience some symptoms after the cessation of menstruation (Borker, Venugopalan & Bhat, 2013). For those who do have symptoms, each woman's experience may be different with some being debilitated and others unaffected by the symptoms. This notwithstanding, it is well renowned that menopausal symptoms often have a negative impact on health of women.

Ultimately, the physiological and psychological symptoms associated with menopause are important determinants of the health status of women. According to Nwosu (2002), if the symptoms that women battle with in menopause are not well managed, they can affect their health negatively. The author further stress that 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 all 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.

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) asserted that knowledge is prerequisite for any health action. The report also maintained that if a person is well informed in the area of health, he or she would be able to reject practices that imperil his or her health. The individual will also be well equipped to make the right decision concerning the health of the children and family; and will play active role in improving self and the society in which the person lives. Cavell (2002) defined knowledge as a belief which is in agreement with facts. The author explained that belief deal with knowledge acquisition which involves complex cognitive processes, perception, communication, association and reasoning. Stuart and Acheterberg (2004) opined that knowledge is the information that changes something or somebody either by becoming ground for actions or by making an individual capable of taking different or more effective action. Knowledge in this study refers to the awareness, understanding, facts, and information gained by female non-academic staff through learning or experience on menopause and its coping strategies.

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 presents. Female non-academic staff as used in this study constitutes the senior female administrative staff.

However, knowledge of menopause possessed by female non-academic staff is capable of being influenced by some socio-demographic factors. Women's knowledge of menopause may vary based on multiple factors such as their age, number of births, location, marital status, educational qualification, occupation, culture among others. Therefore, this study identified only educational qualification and age as such factors capable of influencing the knowledge of menopause 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).

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 because having proper knowledge of menopause will help them to be able to adapt effectively to their work while experiencing the symptoms of menopause. However, knowledge of menopause will make them reduce the number of sick leave and absenteeism which might be attributed to menopausal syndrome thus, improving their overall health and even their performance on the job. It is against this background that the researcher sought to find out the knowledge of menopause possessed by female non-academic staff in the given location.

Statement of the Problem

Despite the fact that menopause is a natural phenomenon for women, most women still have some challenges when it eventually comes. Menopause is a natural mandatory phase of life in the middle-aged women. Menopause is not a disease per se 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 (Barclift & Jones, 2012). Thus, familiarity with these changes and understanding their reasons are essential in the life of all women (female non-academic staff inclusive), and helps them enter this stage of their life with adequate knowledge and a positive attitude. Also, having proper knowledge regarding menopause helps women to handle menopause transition like a normal part of life, just like puberty.

Some women out of ignorance think that they are attacked by evil spirits when they experience common symptoms associated with onset of menopause. These beliefs are often common among middle aged women.

All these issues relating to menopause have received little attention especially among non-academics. To attack this problem and challenges faced by female non-academic, this study attempted to throw more light which is aimed at determining the knowledge of menopause possessed by female non-academic staff of University of Nigeria, Nsukka.

Purpose of the Study

The purpose of the study is to ascertain the knowledge 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 menopause possessed by female non-academic staff of University of Nigeria, Nsukka.
2. Level of knowledge of menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on age.
3. Level of knowledge of menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on educational qualification.

Research Questions

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

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

Hypotheses

The following null hypotheses were postulated to give guide to the study at .05 level of significance.

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

Scope of the Study

The study examined the knowledge of menopause possessed by female non-academic staff of University of Nigeria Nsukka. The study is delimited to senior female administrative staff in University of Nigeria, Nsukka. The study incorporated age and educational qualification as the socio-demographic variables likely to influence this study.

Methods

Descriptive research design was adopted in this study. Nworgu (2006) opined that descriptive research design is one in which a group of people or items are studied by collecting and analysing data from only a few people considered to be representative of the entire group. This design was successfully utilized by Nwoke and Onyeocha (2008) in a study on health promotion strategies among rural menopausal women in Isu LGA of Imo State. This design therefore is considered suitable for the present study.

The population for the study consisted of 821 senior female non-academic staff of UNN. A sample size of 270 respondents, which was drawn using a “Yaro Yamane’s formula”. Uzoagulu (1998), suggested that if the population is known, the sample can be gotten using Yaro Yamane formula which is adequate to represent the entire population. A multi-stage sampling procedure was applied. At stage one, purposive sampling technique was used to select five (5) faculties in the study area. This is to ensure that faculties with the highest number of female non-academic staff are selected. At stage two, simple random sampling technique of balloting without replacement was used to select six departments each from the selected faculties. This is to ensure that each of the departments in the sampled faculties have equal opportunities of being selected without bias. At stage three, purposive sampling technique was applied to select Nine (9) subjects each from the sampled departments giving a total of 270 female non-academic staff of University of Nigeria, Nsukka. A researcher developed knowledge of menopause possessed by female non-academic staff of University of Nigeria, Nsukka questionnaire was used as instrument for data collection. The instrument was face validated by three experts from the department of Human Kinetics and Health Education UNN. SPSS version 24 was used to analyze the data from the returned copies of the questionnaire. Frequencies and percentages were used to answer the research questions while chi-square (X^2) statistics at 0.05 level of significance was used to test the hypotheses.

Results

Table 1

Level of Knowledge of Menopause Possessed by Female Non-Academic Staff (n=270)

S/N	Item statement	Correct Responses f (%)	Incorrect f (%)
	Menopause is the period of permanent cessation of menstruation and end to fertility	209 (80.4)	51 (19.6)
1.	The average age at which menopause occurs is 44-55 years	168 (64.6)	92 (35.4)
2.	Menopause can be attributed to loss of ovarian follicular activity due to ageing	155 (59.6)	105 (40.4)
3.	Transition to menopause is not characterized by symptoms such as painful menstruation, excessive sleep and regular periods	101 (38.8)	159 (61.2)
	Overall %	60.9	39.1

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 menopause was high (60.9%). The Table further shows the level of knowledge of specific items as follows: very high knowledge (80.4%) of meaning menopause, high knowledge (64.6%) of the average age at which menopause occurs, moderate knowledge (59.6%) of menopause causative factor. However, female non-academic staff had low knowledge (38.8%) of symptoms that characterize menopause.

Table 2

Level of Knowledge of Menopause Possessed by Female Non-Academic Staff Based on Age (n=270)

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.	Menopause is the period of permanent cessation of Menstruation and end to fertility	50 (69.4)	22 (30.6)	143 (84.1)	27 (15.9)	16 (88.9)	2 (11.1)
2.	The average age at which menopause occurs is 44-55years	40 (55.6)	32 (44.4)	115 (67.6)	55 (32.4)	13 (72.2)	5 (27.8)
3.	Menopause can be attributed to loss of ovarian follicular activity due to ageing	42 (58.3)	30 (41.7)	98 (57.6)	72 (42.4)	15 (83.3)	3 (16.7)
4.	Transition to menopause is not characterized by symptoms such as painful menstruation, excessive sleep and regular periods	27 (37.5)	45 (62.5)	61 (35.9)	109 (64.1)	13 (72.2)	5 (27.8)
	Overall %	55.2	44.8	61.3	38.7	79.15	20.85

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 in age group 50years & above had high knowledge (79.15%) of menopause; female non-academic staff in age group 30-49years also had high knowledge (61.3%) while female non-academic staff in age group <30years had moderate knowledge (55.2%) of menopause. This implies that female non-academic staff in age group 50years & above had higher knowledge of menopause more than other age groups (50years & above = 79.15% > 30-49years =61.3% > less than 30years =55.2%)

Table 3
Level of Knowledge of Menopause Possessed by Female Non-Academic Staff Based on Educational Qualification (n=270)

above S/N	Item statement	NCE (n=39)		HND /B.Sc/ B.Ed (n=163)		M.Ed M.Sc/M.Eng &	
		Correct Responses f (%)	Incorrect Responses f (%)	Correct Responses f (%)	Incorrect Responses f (%)	Correct Responses f (%)	Incorrect Responses f (%)
1.	Menopause is the period of permanent cessation of menstruation and end to fertility	23 (59.0)	16 (41.0)	134 (82.2)	29 (17.8)	52 (89.7)	6 (10.3)
2.	The average age at which menopause occurs is 44-55years	25 (64.1)	14 (35.9)	102 (62.6)	61 (37.4)	41 (70.7)	17 (29.3)
3.	Menopause can be attributed to loss of ovarian follicular activity due to ageing	19 (48.7)	20 (51.3)	97 (59.5)	66 (40.5)	39 (67.2)	19 (32.8)
4.	Transition to menopause is not characterized by symptoms such as painful menstruation, excessive sleep and regular periods	16 (41.0)	23 (59.0)	55 (33.7)	108 (66.3)	30 (51.7)	28 (48.3)
Overall %		55.3	46.8	59.5	40.5	69.8	30.2

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 with M.Ed/M.Sc./M.Eng & above had high knowledge (69.8%) of menopause; female non-academic staff with HND/B.Sc/B.Ed had moderate knowledge (59.5%) of menopause while female non-academic staff with NCE also had moderate knowledge (53.2%). This implies that female non-academic staff with M.Ed/M.Sc./M.Eng & above had higher knowledge more than other categories (M.Ed/M.Sc./M.Eng & above = 69.8% > HND/B.Sc/B.Ed = 59.5% > NCE = 53.2%).

Hypothesis one

There is no significant difference in the level of knowledge of menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on age. Data testing this hypothesis are contained in Table 4.

Table 4
Summary of Chi-Square Analysis of No Significant Difference in the Level of Knowledge of Menopause Possessed by Female Non-Academic Staff Based on Age (n=270)

Variable	N	Correct O (E)	Incorrect O(E)	X ² -value	df	C. Sig.
< 30years	72	26 (34.3)	46 (37.7)	10.603	2	.005
30-40 years	170	84 (81.1)	86(88.9)			
50 years & above	18	14(8.6)	4 (9.4)			

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

The Chi-Square test for independence shows a significant difference ($X^2 = 10.603$, $df = 2$, $Sig. = .005 < .05$) in the level of knowledge of menopause possessed by female non-academic staff based on age. Since the sig. was less than the .05 level of significance at 2 degree of freedom, the null hypotheses of no significant difference was therefore rejected. This implies that female non-academic staff differed in their knowledge of menopause based on age.

Hypothesis Two

There is no significant difference in the level of knowledge of menopause possessed by female non-academic staff of University of Nigeria, Nsukka based on educational qualification. Data testing this hypothesis are contained in Table 5.

Table 5
Summary of Chi-Square Analysis of No Significant Difference in the Level of Knowledge of Menopause Possessed by Female Non-Academic Staff Based on Educational Qualification (n=270)

Variable	N	Correct O (E)	Incorrect O (E)	X ² -value	df	Sig.
NCE	39	13 (18.6)	26 (20.4)	8.213	2	.016
HND/B.Sc/B.Ed	163	75 (77.7)	88 (85.5)			
M.Ed/M.Sc/M.Eng & above	58	36(27.7)	22 (30.3)			

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

The Chi-Square test for independence shows a significant difference ($X^2 = 8.213$, $df = 2$, $Sig. = .016 < .05$) in the level of knowledge of menopause possessed by female non-academic staff based on educational qualification. Since the Sig. was less than .05 level of significance at 2 degree of freedom, the null hypothesis of no significant difference was therefore rejected. This implies that female non-academic staff differed in their knowledge of menopause based on educational qualification.

Discussions

Knowledge of menopause

Table 1 showed that generally, female non-academic staff possessed high knowledge of menopause. This could be attributed to the influence of being in an academic environment of higher learning like such as obtainable in the location of the study and is therefore not surprising. This finding was in contrast with the findings of Noroozi, Kasiri, Eslami Hassanzadeh & Davari (2013) and Hamid, Al-Ghufli, Raeesi, Al-Diufarir, Al-Dhaheri, Al-Maskari, Blari & Shah (2014) who reported that women had low knowledge of menopause.

Age could also influence ones knowledge of a subject matter. The findings of Table 2 showed a difference in the knowledge of menopause possessed by female non-academic staff in age group 50years & above than those in age group 30-49 years while those in age group < 30years possessed moderate knowledge of menopause. The difference was significant, however, as Table 4 showed that there was a significant difference in the level of knowledge of menopause possessed by female non-academic staff based on age. This is in line with the findings of Elkazeh and El-zeftawy (2015) who found a significant difference in the total levels of knowledge of women aged (21-49) regarding health problems of menopause.

Findings of Table 3 indicated that female non-academic staff with M.Ed/M.Sc/M.Eng & above possessed high knowledge more than other categories. These finding is not surprising as one would expect female non-academic staff with higher educational qualification to have good knowledge of menopause. This finding is in line with Ibraheem, Oyewole and Olaseha (2015) who reported that women with high level of education had good knowledge of the symptoms of menopause.

Table 5 showed that there was a significant difference in the level of knowledge of menopause possessed by female non-academic staff based on educational qualification. These finding is not surprising as no contrary related literature was reviewed. This finding is also in line with the assertion of Saima et al (2014) who found that knowledge about menopause did varied significantly with education.

Conclusions

The purpose of this study was to investigate the knowledge of menopause and its coping strategies possessed by female non-academic staff of University of Nigeria, Nsukka. For this purpose to be achieved, three specific objectives were formulated with three corresponding research questions. Two hypotheses were postulated to guide the study. literature relevant to the study were reviewed under the following headings: conceptual framework, theoretical framework, empirical studies and summary of literature review. The study adopted descriptive survey research design. The population for the study consisted of 821 senior female administrative staff of UNN. The sample for the study consisted of 270 senior female administrative staff which was gotten using the 'Yaro Yamane's formula' for a finite population ($n = \frac{N}{1+N(e)^2}$) (See appendix B). Multistage sampling technique was used to draw out the sample in three stages, employing appropriate sampling techniques at each stage.

A three (3) section (nine (9) items) researcher developed questionnaire "KOMAIOSQ" was utilized for the study as instrument for data collection. Face validity of the instrument was established by three (3) experts from the department of human kinetics and health education and split half method of Spearman's Rank Correlation method was employed to test the reliability of the study. The instrument was administered to the respondents by

the researcher and the research assistant. Out of the 270 copies of the KOMAICOSQ distributed, 260 (96.3%) valid copies were used for analysis. SPSS (Statistical Package for Social Sciences) version 24 was used to analyze the data and frequencies and percentages were used to answer the research questions while Chi-Square (X^2) statistics at .05 level of significance were used to test the hypotheses. The following are the major findings of the study:

1. Generally, level of knowledge of menopause possessed by female non-academic staff was high knowledge while specifically they had very high knowledge of meaning menopause. This answers research question one.
2. Female non-academic staff in age group 50years & above possessed high knowledge of menopause slightly more than those in age group 30-49years while those in age group < 30years possessed moderate knowledge of menopause. This answers research question two.
3. Female non-academic staff with M.Ed/M.Sc/M.Eng & above possessed high knowledge of menopause more than other categories. This answers research question three.
4. There was a significant difference in the level of knowledge of menopause possessed by female non-academic staff based on age. This is the result of the test for hypotheses one.
5. There was a significant difference in the level of knowledge of menopause possessed by female non-academic staff based on educational qualification. This is the result of the test for hypotheses two.

Recommendations

On the basis of the findings of this study, the following recommendations are made:

1. The university authority should liaise with the ministry of Health, Education and women affairs to enable them design information dissemination programmes for female university staff on menopause and its coping strategies.
2. The undergraduate curriculum should be diversified in order to accommodate topics on menopause, which could be inculcated in the general studies course.
3. The National University Commission may be advised to organize workshops and seminars for female university staff in order to educate them on menopause.

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