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# Perception and attitudes of Nigerian women towards menopause

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## Abstract

The study investigated perception and attitudes of Nigerian women towards menopause. Attitudes, perceptions and expectations are part of the psychosocial phenomena surrounding menopause. 200 Nigerian women from four ethnic groups of Yoruba, Hausa, Igbo, and Ijaw participated in the study. Perception and Attitudes of Nigerian Women towards Menopause Questionnaire (PANWOTOMEQ) was used to gather information from the participants. Four out of the five formulated hypotheses for the study were accepted while only one was rejected. The findings revealed that ethnic groups and age have no effect on the significant difference between the perception and attitudes of Nigerian women towards menopause.

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*Keywords:* Perception, Attitudes, Nigerian Women, Menopause

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## 1. Introduction

Menopause, the cessation of menstruation, is a psychosocial as well as a biological event. Attitudes, perceptions, and expectations are part of the psychosocial phenomena surrounding menopause. This study is based on perception and attitudes of Nigerian women towards menopause. Clinically, menopause is cessation of month cycles when menstruation flows no more. It is a transition period in women's life. Igbo and Ako (2008) identified two types of menopause: premature and natural menopause. Premature menopause is as a result of surgical operation while natural menopause occurs sometimes from early 40's to late 50's. However, there are some women who started menopause after fifty years depending upon the time they started their menstrual cycle (Adekunle, Fawole & Okunlola, 2000). There are three stages of women's menopause which has to do with the transition years where the production of reproduction hormones such as estrogens, progesterone and testosterone cease to function properly. The duration of peri-menopause according to Cobb, (2004) can take up to ten years or above. The premenopausal marks the transition period to menopause and can last up to five years or more (Edwards, 1999). It is a period when the reproductive hormonal levels fluctuate by either rising or falling and the menstrual flow may be higher or heavier and irregular. This is the period when the attitude of women towards menopause can be ascertained through preparedness or not. This can be between ages 40-50 years (Wikipedia, 2009). The post-menopausal age starts from fifty-one years upward and it is a period when the ovaries no longer produce hormones or release egg (Reynolds &

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Obermeyer, 2001). A natural menopause is when the menstrual flow has ceased for a complete twelve months for a premature menopause where the woman has no uterus or fallopian tubes, the post menopause can be determined by a blood test which will reveal the high levels of follicles stimulating hormone (FSH) that are typical for post-menopausal women (Wikipedia, 2009). Menopause occurs because the ovaries.

Symptoms and effect of menopause due to decrease in the production of estrogen include vaginal dryness, intercourse problem, joint pain, muscle pain, back pain, skin thinning and dryness, fornication, osteoporosis (bone problems), sleep problem (insomnia) or disturbed sleep, urinary problems, sensations, forgetfulness, hot flushes and other vasomotor symptoms. The psychological symptoms or effect include anxieties, irritations, mood swings and emotional problems. Research conducted by Enrigne (2003), Adodo (2004) and Senwna (2008) revealed that, daily intake of 800-1500mg of calcium, intake of dairy products such as milk, cheese and yogurt, fish liver oil, farm fresh products such as wheat germ, grain, and vegetable. Consumption, drinking of plenty water and decreased in smoking caffeine consumption and alcoholic intake can prevent osteoporosis and increase bone strength during menopause. Hormone replacement therapy (HRT) can be used to replace loss or decline in estrogen hormone production. Menopause in itself requires no medical therapy, the treatment that exist only aim to alleviate the signs and symptoms of menopause medical therapy: drugs such as cloridine, gabapentin, and various antidepressants may be prescribed to alleviate mood swings and hot flushes.

Menopause status seems to have an impact on attitude. Postmenopausal and older women consistently express more positive feelings about menopause than do younger women, either in their forties or much younger in their teens or twenties. Avis and McKinlay (2001) found that surgically menopausal women held more negative attitudes toward menopause than those going through the normal transition. Reynolds & Obermeyer (2001) did not confirm this finding. Menopause is a physiological event occurring with ovarian failure and marks the end of women's reproductive life. The average age of menopause is 51 years. In 1960, the world population of women aged over 60 was below 250 million, but it is estimated that in the year 2030, 1.2 billion will be peri or postmenopausal and that this total will increase by 4.7 million a year. The average woman in the developed world can now expect to spend approximately one third of her life in postmenopausal state. Because of these predicted changes in population structure, physicians are beginning to see that menopause is not a negligible phenomenon but a major public health problem.

Attitude refers to feelings, beliefs and reactions of an individual towards an event, phenomena, object or person. Attitude are not innate attributes of mankind, they are learnt responses (Adewuyi, 2006). Fishbien and Ajzen, (1985), remarked that attitude is considered to be individualistic, an abstract entity, a kind of intervening variable imposed in order to explain regularities in behavioural responses. In this study, it is used to explain the behaviour of Nigerian women towards menopause. Attitude as regard this study is seen as anchored within the individual and influenced by situation and circumstances. The choice or decision on how to deal with menopausal symptoms, lead to perception and attitudes of Nigerian women towards menopause. If the knowledge of menopause is not enough, it will be perceived wrongly or negatively and this can lead to negative or neutral attitude towards menopause. If the knowledge about menopause is adequate and understandable, there would be correct or right perception which can lead to positive attitude towards menopause. Perception is the ability to see, hear or understand a certain event say menopause and awareness to improve upon such power of perception. Perception as regard this study therefore, means ability of Nigerian women to have the knowledge of menopause, understand menopausal signs and symptoms; and to cope with it. Hormonal changes at menopause are associated with numerous physical and psychological symptoms like vasomotor symptoms, sleep disturbances, mood alteration, depression, urinary tract infection, vaginal atrophy and increased health risks for several chronic disorders including osteoporosis cardiovascular disease and loss of cognitive function. Menopausal symptoms are found to be less common in societies where menopause is viewed as a positive rather than negative event. The purpose of this study therefore is to investigate the perception and attitudes of Nigerian women towards menopause.

Nigeria is located in Western Africa bordering the Atlantic Ocean in the South. Women represent an estimated 60-80 percent of the agricultural labour force, producing about two-thirds of the food crops. Currently, Nigeria's population exceeds 110 million. Nearly 50 percent of the country's population are women. (Wikipedia, 2009). Nigeria is a multi-ethnic group but women from the three officially acceptable groups of Yoruba, Hausa and Igbo and Ijaw group of the Delta region were used for this study. Five hypotheses guided the study.

1. There is no significant difference between the perception and attitudes of Nigerian women towards menopause.
2. Ethnic groups have no significant effect in the perception of Nigerian women towards menopause.
3. Ethnic groups have no significant effect in the attitudes of Nigerian women towards menopause.
4. Age has no significant effect in the perception of Nigerian women towards menopause.
5. Age has no significant effect in the attitudes of Nigerian women towards menopause.

## 2. Methodology

The study adopted a survey research design. Participants were drawn from all Nigerian women who lived and worked in educational institutions of Lagos State. The sample was purposively selected from the four ethnic groups of officially recognised ethnic groups of Yoruba, Hausa and Igbo and the fourth one is from the minority Ijaw group of Delta region. Two hundred (200) women participated in the study. Perception and Attitudes of Nigerian Women towards Menopause questionnaire (PANWOTOMEQ) was used for data collection. The researchers developed the questionnaire after a careful review of relevant psychological literature on perception and attitudes of Nigerian women towards menopause. The PANWOTOMEQ is a forty-five item questionnaire designed specifically to investigate the perception and attitudes of Nigerian women towards menopause. The instrument is divided into three parts. The first part (Section A) sought to elicit personal information of the respondents such as age, marital status, religion, ethnic groups and educational background. The second part (Section B) which was divided into two parts- Part 'A' consist of twenty items on perception of Nigerian women towards menopause while Part 'B' consist of twenty-five items on Attitudes of Nigerian women towards menopause. Section 'B' is based on four point Likert type scale. Four experts from the field of psychology validated the instrument. The experts found all the items of the instrument related to the areas being investigated by the study and so have content validity. The researchers also established the reliability of the instrument by using the test-retest method to determine the consistency of the instrument after an interval of two weeks. Pearson Product Correlation Co-efficient Formula was used in computing the correlation co-efficient of the instrument. A reliability co-efficient of 0.76 was obtained.. The scoring of the instrument (PANWOTOMEQ) was two folds. Section "A" on Bio-data was scored one to two or to nine points while section "B" was scored four to one point. Data obtained was analyzed on the basis of percentages and t-test.

## 3. Results

The results were presented on the basis of the hypotheses formulated for the study.

**Table 1: Descriptive analysis of perception and attitudes of Nigerian women towards menopause. (N = 200)**

Ethnic Groups	Perception Towards Menopause						Attitudes Towards Menopause					
	Positive	%	Neutral	%	Negative	%	Positive	%	Neutral	%	Negative	%
Hausa (50)	39	78%	-	-	11	22%	37	74%	-	-	13	26%
Yoruba. (50)	30	60%	01	0.5%	19	39.5%	30	60%	01	0.5%	19	39.5%
Igbo (50)	30	60%	-	-	20	40%	29	58%	-	-	21	42%
Ijaw (50)	30	60%	-	-	20	40%	26	52%	-	-	24	48%
Total (200)	129	64.5%	01	0.5%	70	35%	122	61%	01	0.5%	77	38.5%

The above table shows that the Hausa women have the highest percentage of both positive perception (78%) and attitude (74%) towards menopause compared to Yoruba, Igbo and Ijaw that have the same positive percentage of perception (60%) and different percentages of 60%, 58% and 52% respectively of positive attitude towards

menopause. The table also shows only one Yoruba woman having neutral perception and attitude towards menopause.

Table 2: T-test analysis of perception and attitudes of Nigerian women towards menopause (N = 200)

Variables	N	X	SD.	DF.	t-cal	t. critical	Remark
Perception	200	64.12	7.56				
Attitudes	200	50.29	5.99	198	109.52	3.57	S*.

\*p > 0.05

Table 2 shows that the calculated value of t (109.52) is greater than the table value of t (3.57). Therefore, the first hypothesis which states that, there is no significant difference between the perception and attitudes of Nigerian women towards menopause is rejected.

Table 3: T-test analysis of ethnic groups and perception of Nigerian women towards menopause. (N = 200)

Variables	N	X	SD.	DF.	t-cal	t. critical	Remark
Ethnic groups	200	2.91	1.12				
Perception	200	64.12	7.56	198	-114.12	3.57	NS*.

\*p < 0.05

The above table shows that the calculated value of t (-114.12) is lesser than the table value of t (3.57). Therefore, the second hypothesis which states that, ethnic groups have no significant effect on the perception of Nigerian women towards menopause is accepted.

Table 4: T-test analysis of ethnic groups and attitudes of Nigerian women towards menopause. (N = 200)

Variables	N	X	SD.	DF.	t-cal	t. critical	Remark
Ethnic groups	200	2.51	1.12				
Attitudes	200	50.29	5.99	198	-110.76	3.57	NS*.

\*p < 0.05

The above table shows that the calculated value of t (-110.76) is lesser than the table value of t (3.57). Therefore, the second hypothesis which states that, ethnic groups have no significant effect on the attitudes of Nigerian women towards menopause is accepted.

Table 5: T-test analysis of age and perception of Nigerian women towards menopause. (N = 200)

Variables	N	X	SD.	DF.	t-cal	t. critical	Remark
Age	200	3.19	1.78				
Perception	200	64.12	7.56	198	-111.77	3.57	NS*.

\*p < 0.05

The above table shows that the calculated value of t (-111.77) is lesser than the table value of t (3.57). Therefore, the second hypothesis which states that, age has no significant effect on the perception of Nigerian women towards menopause is accepted.

Table 6: T-test analysis of age and attitudes of Nigerian women towards menopause. (N = 200)

Variables	N	X	SD.	DF.	t-cal	t. critical	Remark
Age	200	3.19	1.78				
Attitudes	200	50.29	5.99	198	-107.48	3.57	NS*.

\*p < 0.05

The above table shows that the calculated value of t (-107.48) is lesser than the table value of t (3.57). Therefore, the second hypothesis which states that, age has no significant effect on the attitudes of Nigerian women towards menopause is upheld.

#### 4. Discussion

The result on table 2 shows that there is a significant difference between the perception and attitudes of Nigerian women towards menopause, Ozunba, Obi, Obikili & Waboso (2004), believed that career women are well knowledgeable about menopause and this affect their perception towards menopause. The result of this finding is in

line with the finding of Adekunle, Fawole, & Okunlola (2000) that Nigerian women have positive perceptions and attitudes towards menopause. The reason for this is that it is a natural event in life for women (Tang, 2004).

The result of the second and third hypotheses on tables 3 and 4 revealed that ethnic groups have no significant effect in the perception and attitudes of Nigerian women towards menopause. These are contrary to the findings of Babara, Nancy, Peter and Tom (1999), among the four ethnics of African Americans women perception and attitudes towards menopause. Tables 5 and 6 showed that age has no significant effect on the perception and attitudes of Nigerian women towards menopause. This is contrary to the findings of Adegoke, Iranloye & Osibogun (2008) on the psychosomatic menopausal experiences of Nigerian women: The influence of age at menarche and age at menopause. The reason for this can be due to educational background, socio-cultural background, socio-economic status and environmental factor which is supported with the findings of Reynolds and Obermeyer (2001) among the Beirut and Lebanon women.

## 6. Conclusions

Based on the findings of this study, the following conclusions are drawn:

- There is a significant difference between the perception and attitudes of Nigerian women towards menopause.
- Ethnic groups have no significant effect on the perception of Nigerian women towards menopause.
- Ethnic groups have no significant effect on the attitudes of Nigerian women towards menopause.
- Age has no significant effect on the perception of Nigerian women towards menopause.
- Age has no significant effect on the attitudes of Nigerian women towards menopause.

## 7. Recommendations

Even though four of the five formulated hypotheses for this study were accepted, the following recommendations could be made.

- Nigerian women need to be well informed about menopause sign and symptoms including the coping strategies
- There is need to conduct an experimental studying using Rational Emotive Behavioural Therapy (REBT) of Alibert Elis; Psycho-analytic theory of Sigmund Freud and Social Cognitive theory of Bandura to change the negative perception and attitudes of the identified Nigerian women towards menopause to positive so that they can enjoy their old age.

## References

- Adegoke, O., Iranloye, B.O.; A Osibogun, A. (2008). Psychosomatic menopausal experiences in Nigerian women - The influence of age at menarche and age at menopause. *Asian Journal of Epidemiology*, vol. 1 Issue 21, pp. 72-76.
- Adewuyi, T.O. (2006). *Effect of Rational Emotive Behavioural and Reality therapies on attitude of Federal teachers towards retirement*. Unpublished Ph.D thesis submitted to Department of Guidance and Counselling, Faculty of Education, University of Ilorin, Ilorin, Kwara State, Nigeria.
- Adodo, O.S.B. (2004). *Nature power: A Christian approach to herbal medicine: Ewu Esan*. Generation Press, 6<sup>th</sup> Edition.
- Avis, N.E.; & McKinlay, S.M. (2001). A longitudinal analysis of women's attitudes towards the menopause: Results from the Massachusetts Women's Health Study. *Maturitas Medline*, 13:65-79.
- Barbara, S. Nancy, A, Peter, M & Tom, M. (1999). Attitudes Towards menopause and ageing across ethnic /racial groups. *American Psychosomatic Society*. 61, pp. 868-875.
- Cobb, J.O. (2004). *Understanding menopause*. Santa Ana: Key Partner Book.

- Edwards, P. Linotsky, M. & Tunner, J. (2005). *The Health Boomer: A nonsense mid-life Health Guide for Women and Men*. California, Henry Holt.
- Enrigh, G. (2003). Guide to natural remedies for health and well being. Mexico: Orvit Publishing. Ferguson, K.J., Hoegh, C. & Johnson, S. (2004). Estrogen, replacement therapy: a survey of women knowledge and attitudes. *Arch. Intern Medline*: 149: 133-136.
- Fisbien, M. & Ajzen, T. (1985). Belief, attitudes, intension and behaviour: An introduction to theory and research reading. Phillippines: Addison Wesley Publishing Co.
- Igbo, H. & Ako, J.A (2008). Symptoms and coping strategies of menopause. *Journal of Family Development* 3(1), 64-72.
- Ozumba, B.C.; Obi, S.N. Obikili, E. & Waboso, P. (2004). Age, symptoms and Perception of menopause among Nigerian women. *Journal of Obstet Gynecol*, vol. 24, No. 6. Pp. 173-179.
- Reynolds, R.F. & Obermeyer (2001). Age at natural menopause on Beirut, Lebanon: the role of reproductive and lifestyle factors. *American Psychosomatic society* vol. 28, No. 1 pages 21-29.
- Senwna, B.T. (2008). With menopausal women in the family: Implication for national development. *Journal of Family Development*. 3(1): 73-81.
- Tang, G.W.K. (2004). *The chimacteric of Chinese*. 19: 177-182.
- Wikipedia (2009): <http://en.wikipedia.org/wiki/menopause>. retrieved October 6th, 2009.