
**Menopausal Conditions and Health Behaviour of Women under Menopause in Abak Local
Government Area Akwa Ibom State, Nigeria**

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ABSTRACT

This study sought to assess the menopausal conditions and health behaviour of women under menopause in Abak Local Government Area Akwa Ibom State, Nigeria. The research design of the study was a descriptive survey design aimed at investigating and drawing inference on the menopausal conditions and health behaviour of women under menopause. The study area was Abak Local Government Area. The population for the study comprised women aged 45years and above. The sample size was one hundred (100) respondents used for the study. A simple random sampling technique was used to select the five (5) wards. The same method was also employed to select twenty (20) menopausal women from each ward. The instrument used for the study was a structured questionnaire Titled “Menopausal Conditions and Health Behaviour of Women under Menopause Questionnaire” (MCHBWMQ). The reliability test was done in order to establish the reliability of the instrument. Ten (10) questionnaires were administered to women not included in the study area to ascertain the clarity of the instrument. Data was collected through the use of questionnaire administered personally and directly to the respondents and by oral interview. The items were sorted, tallied and complied using the frequency table. Simple percentage was used to answer the questions while chi-square analysis was used to test the null hypothesis at .05 alpha level of significance. From the findings, it was concluded that the period of menopause tends to affect positively the economic, health status and the behavioural pattern of the menopausal women. This is mostly due to their freedom from the bondage of menstruation which created most unfavourable conditions for them at younger age. One of the recommendations made was that the government should provide menopausal unit in the health facilities to create awareness for women on what to do when this new phase of life begins.

KEYWORDS: Menopause, Women, Health Behaviour and Abak L.G.A

Introduction

Menopause is a transition from menstrual life period and not a disease state or body disorder. It is a natural life change that has a variety of degree of effect on woman. It can be a difficult time of life. Menopause is the span of time during which the menstrual cycle wanes and gradually stops. It is also called change of life and climacteric (Weller, 2009). Menopause (climacteric) usually occurs between the ages of 45 and 55 years marking the end of child bearing period. It may occur suddenly or over a period of years, sometimes as long as 10 years, and the ovaries gradually become less responsive to follicle stimulating hormone and luteinizing hormone. Ovulation and menstruation or menstrual cycle becomes irregular eventually before ceasing (Rose and Wilson, 2006). According to the international Congress on Menopause formed in 1976 rather than being defined by the state of the uterus and the cessation or absence of menstrual flow, menopause is accurately defined as the permanent cessation of the primary function of the ovaries, the ripening and release of ova and release of hormone that causes both the creation of the uterine lining, and the subsequent shedding of the uterine lining that is the menses or period.

This transition from a potentially reproductive to a non-reproductive state is a result of a reduction in female hormonal production by the ovaries. It is not sudden or abrupt; it occurs over a period of time or years and is a natural consequence of aging. As illustration of the central role that the ovaries play, it is worth pointing out that when for medical reasons the uterus has been removed (hysterectomy) in a young woman, her periods will of course cease permanently. The woman will be incapable of procreating, but as long as one of her ovaries is still functioning, the woman will not reach a menopause. Without the presence of uterus, ovulation and the release of reproductive hormone will continue to cycle on, until menopause is reached. In contrast to this, in circumstances where a woman's ovaries are removed (oophorectomy), even if the uterus were to be left intact, the woman will immediately be in "surgical menopause" surgical menopause is a menopause which is induced both suddenly and totally by removal of both ovaries prior to the age of natural menopause. Menopause does not discriminate. It affects people of all races regardless of its socio-economic status. Factors affecting onset of menopause are family, race, age and economic status. It has been found that high social class promotes early menarche and this is associated with late menopause (Ufere, 2009). Symptomatically, menopause differs in different areas of the world example in West Africa, hot flush and shoulder pain in Japan, and in India, low vision are the hallmarks of menopause. The rate of women that use hormonal replacement therapy to manage menopause is high in West Africa and low or negligible in countries like India. Age at menopause is also higher in West Africa as compared to the range of 45 – 47 years in other developing countries. Historically, a lower age at menopause was documented in early times. This rose to the range of 50 – 51 years in the present era. Based on this well-known fact, some women in western countries view menopause negatively. This is contrasted with a positive outlook towards menopause in the developing countries (WHO, 2008).

Statement of the Problem

Menopause is a condition that affects all women aged 45 years and above. It is worldwide condition. Many women are anxious, worried and even scared about going through menopause. It can be difficult to stop menstruating and no longer be able to bear children. Many women find menopause to be a happy and exciting time in their lives. They are no longer bound to periods, and hormones and can live without the worry of pregnancy. Many women do not know the effect of menopause on health as well as the signs and symptoms of menopause, these leads to diverse

health behaviours during the period. Majority do not know or understand the physiology of menopause, hence they become worried about going through this stage. During this period, many women put different positive or negative behaviours which influence their health. Some experience what is called hot flush which is characterized by excessive sweating, hotness of the body, restlessness, worry and poor mental state. Due to these problems, the study is proposed to investigate the menopausal conditions and health behaviours of women under menopause in Abak Local Government Area.

Purpose of the Study

- (1) To identify the signs and symptoms of menopause.
- (2) To determine the effect of menopause in health
- (3) To ascertain the health behavior of women during menopause.

Research Questions

- (1) Do women know the signs and symptoms of menopause?
- (2) What are the effects of menopause on health of women during this period?
- (3) How do women react or behave during this menopausal period?

Research Hypotheses

- H0₁:** There is no significant relationship between women of 45 years and above and the signs and symptoms of menopause.
- H0₂:** There is no significant relationship between menopause and health of women aged 45 years and above.
- H0₃:** There is no significant relationship between menopause and the behaviour of women during this period.

Conceptual Framework

Physiology of Menopause

Women are born with a finite number of ovarian follicles that develop into eggs. The process of ovulation, in which an egg is released from the ovary is regulated by several sex hormones. As a woman matures and passes through her reproductive years, an egg is released each month and her supply of egg gradually decreases. This decrease becomes a pathway for development and beginning of menopause. As menopause approaches, ovarian follicles gradually become less sensitive to the hormones that control ovulation, Follicle stimulating hormone (FSH) and luteinising hormone (LH), increasing disrupting egg development and ovulation. The ovaries produce less oestrogen, which directs the growth of the uterine lining during the first part of the menstrual cycle. As ovulation occurs, the decreased sensitivity to Luteinising Hormone causes problems in the development and function of the corpus luteum (ovarian follicle after ovulation).

This leads to deficiencies in the production of progesterone, the hormone that controls the second half of menstrual cycle. The hypothalamus, part of the brain that controls hormonal production and regulation, recognizes these hormonal deficiencies and signals the pituitary gland located in the base of the brain to increase the production FSH and LH. Tests showing elevated levels of FSH in the blood are used to confirm that a woman is perimenopausal. Menopause means “cessation of menstrual periods” for more than a year, indicating that she is no longer fertile. It occurs in most women around the age of 50 years. Loss of ovaries due to illness or injury causes it to occur earlier. In some cases, it occurs as early as 35 to 45 years due to infection. Menopause occurring before the age of 40 years is considered premature menopause. It occurs in about one percent of all women (Cillesp, 2007). Menopause is usually preceded by 10-15 years during which the ovaries gradually stop producing eggs and sex hormones and this period is called the climacteric. Ovulation eventually becomes less frequent and stops altogether with less oestrogen produced to stimulate the lining of the uterus and menstruation finally stops. FSH and LH levels remain high for two or three years after menopause and then decline. A new hormone balance is established after menopause. The ovaries continue to produce small amount of androgen and oestrogen but most of the oestrogen in post-menopausal women comes from conversion of the other hormones made by the adrenal glands which mostly takes place in fat cells. The liver and kidneys also aid in oestrogen conversion.

Menopause is a natural process that occurs in women’s lives as part of normal aging process. According to Suthers (2005), menopause is a natural and normal stage in women’s life and not a disease or condition to be estimated. Symptoms management to improve women’s health and quality of life is often better and more effective when root cause of the problem is understood. Strong scientific evidence suggests that the decline in oestrogen level that occurs with the menopausal transition is the cause of hot flashes and vaginal dryness. Women experiencing the menopausal transition are linked to a history of depression, life stress, other changes in their health status and general quality of life. Suthers (2005) stated that the frequency and severity of menopausal symptoms varies widely between women. Although some report no symptoms varies widely between women. Although some report during menopausal transitions, others report debilitating episodes of hot flashes and insomnia.

Hot Flush

Hot flushes or flashes or night sweating, if they happen at night are symptoms, which is often caused by the changing hormone levels that are characteristics of menopause.

Causes and Mechanism

Research on hot flashes is mostly focused on treatment options. The exact aetiology and pathogenesis (causes) of vasomotor symptom (VMS) (the critical name of hot flash) has not yet been fully studied. There is empirical knowledge that hints that reduced levels of oestrogen are the primary causes of hot flashes. There are indications that hot flashes may be due to change in the hypothalamus, control of temperature regulation. This means that sensation of heat is not merely imaginary but due to actual changes in the body core temperature (WHO, 2010).

Presentation of Hot Flush

Hot flushes, a common symptom of menopause are typically experienced as a feeling of intense heat with sweating and rapid heart-beat, and may typically last from two to thirty minutes for each occurrence. The sensation of the heat usually begins in the face or chest, although it may not appear elsewhere such as the back of the neck, and can spread throughout the whole body. Some women feel as if they are going to faint. In addition to being in internal sensation, the skin and especially the face become hot to touch. This is the origin of the alternative term “hot flush”, since the sensation of heat is often accompanied by visible reddening of the face.

The hot flush event may be presented a few times each week or every few minutes throughout the day. Hot flushes may begin to appear several years afterward. Some women undergoing menopause do not have hot flushes, others have mild or infrequent flashes. The worst sufferer experience dozens of hot flushes each day. In addition, hot flushes are often more frequent and more intense during hot weather or in an overheated room. The surrounding heat apparently makes the hot flashes themselves both more probable and severe. Severe hot flushes make it difficult to get a full night’s sleep (often characterized as insomnia) which in turn can affect mood, impair concentration and cause other physical problem (Kasper, 2003).

Management of Hot Flushes

According to the International Menopause Society in collaboration with WHO (2010) there are varieties of options for overcoming unpleasant hot flushes. One common ground many women find in their treatment plans is that they are looking for natural solutions. Natural remedies typically involve plants or habitual lifestyle changes that can help alleviate hot flushes:

1. **Focus on Nutrition:** The right kind of diet is full of fruits, vegetables and plant based protein such as beans, lentils, legumes and soya beans.
- (2) **Exercise:** Regular exercise has been shown to reduce hot flushes as well as host of other menopause related issues women face including sleep disturbance. However, to reap greater benefit, it is important to incorporate a variety of techniques including aerobic, weight-bearing, strength training and relaxation exercise like yoga.
- (3) **Supplement:** Taking supplement based on nature, supplements containing soy, isoflavones, rich in genistein, naturally occurring with chemical structures similar to oestrogen have been scientifically proven to reduce the frequency, and severity of menopausal hot flushes approximately 20 to 30 percent (WHO, 2005)

In addition, wearing loose clothes in layers so they can easily be removed or added. Cotton and linen allow perspiration to evaporate better than synthetic fabrics. At night try the layered approach, with several blankets that can be individually added or removed as needed.

Find out what seems to precipitate hot flushes. Keeping a diary of where and when flushes occur may help one to identify the foods and activities that precipitate them and avoid those things. Physicians that specialize on nutritional medicine recommended various remedies to reduce flushes such as vitamin E, evening primrose oil and the herbs ginseng, but oestrogen pills or patches are said to be most effective (Awake, 1995).

Sexual Symptoms

- Decreased libido
- Painful coitus because vagina is dry, not well lubricated and has decreased distensibility.

Gastro-Intestinal Symptoms

- (1) Loss of appetite due to decrease in hormone called leptin which has the ability to shut down our appetite and increase our calorie-burning ability.
- (2) Constipation: The cause of constipation in menopausal women varies and includes the slow activity of the intestinal tract, age factor, the intense requirements of aging liver, medication used for alleviating menopausal symptoms e.g. antihypertensive drugs, heart medications and iron and calcium supplement poor eating habit, inactive lifestyle and low fluid intake. This could be managed by sticking to a high fiber diet that is riched in vegetables and increase fluid intake.
- (3) Dyspepsia or indigestion in menopause is caused by normal changes, that is due to decreased in the level of oestrogen in the body e.g. progesterone has a calming effect naturally but high levels of progesterone, as seen in menopausal women can cause bloating. Others experience fatigue, headache, depression, irritability, heart palpitations, joints and muscles pain (Ufere, 2008).

Theoretical Framework

All feminists examine problematic theoretical or action framework in the interest of realizing justice for women of menopausal age. Despite the widely suggested use of hormone therapy for vasomotor symptoms by health care providers. Women themselves choose to manage their symptoms through self-care methods such as taking over-the counter herbal products and vitamins, modifying their environment, and changing their behaviour. Since we have different symptoms depending on areas, some have socially constructed role behaviours, activities and attributes that their society consider appropriate for women to improve their quality of life and health care as a common social and cultural heritage (Coppie, 2002)

Coping with Menopause

Menopause is a uniquely individual experience and the beginning of a new and liberating chapter in women's life. Research shows that the better you feel about yourself and your life – your own sense of worth and identity – the easier the transition will be. However, it is more difficult during this time of life for some women than for others. If you are having difficulties, this does not mean that you have self-esteem problems or that you are losing your mind, your femininity, your intelligence, or your interest in sex. The problem, rather, is generally biological.

How older women are viewed is an important factor in how well they cope with menopause. In places where their maturity, wisdom, and experience are valued, the menopausal time is attended by far fewer physical and emotional ailments. For example, the women's Encyclopedia of Health and Natural Healing reports that in African tribes "where menopause is embraced as a welcomed passage in life, and postmenopausal women are respected for their experience and wisdom,

women rarely complain of menopausal symptoms.” Similarly, the silent passage – Menopause says: “Indian women of the Rajput Caste do not complain of depression or psychological symptoms” during menopause. In Japan where elderly women are highly respected, hormone treatment for menopause is virtually unknown. Further, Asian women apparently have fewer and less severe symptoms of menopause than those of Western culture. Their diet appears to be a factor that contributes to this (Awake, 1999).

What Women Need

Understanding, as well as a cheerful outlook, is vital. A 51-year-old mother going through menopause said: “I honestly believe that it’s your general outlook on life that will guide how you go through menopause . . . I know aging is there. Whether or not we like it, it is going to happen. . . I decided that this [menopause] is not a disease. This is my life.” So as this new chapter in your life approaches, make time for deep reflection on new, challenging interests. Not to be overlooked are the physical effects of menopause on the body. Doctors and other authorities recommend following general principles of good health in preparing for the transition – wholesome food, sufficient rest, and moderate exercise.

Diet and Exercise

The need for nutrients (proteins, carbohydrates, fats, vitamins and minerals) does not decrease as a woman gets older, but her need for calories decreases. It is important, therefore, to eat food that have a high concentration of nutrients and to avoid sugary, fatty foods that are “empty calories.” Regular exercise enhances the ability to cope with stress and depression. It increases energy and helps keep weight gradually. It is most important for women to know that exercise combined with calcium supplementation can slow the development of osteoporosis, a bone condition producing porosity and fragility. The book “Women Coming of Age” states that properly performed studio aerobics, walking, running, cycling and other aerobic sports, as well as weight-training, are thought to be especially good. Interestingly, osteoporosis is not found in certain remote communities where people remain physically active far into their old age. In such places, women routinely live well into their 80’s and 90’s.

Empirical Framework

There is an agreement that “menopause” refers to a biological process and that “menopause experience” refers to phenomena of a subjective experience. Many biomedical investigations implicitly assumed that the biological changes of menopause are among the most salient aspect of life experienced and physical well-being of women who are middle-aged and older. Many social scientists and perhaps many women implicitly assumed that the physical changes of menopause are one part of a woman’s life experience and health status. According to Parlee (2006), this depends on the specific physical changes of her body and on her personal circumstances and life history.

Effects of Menopause on Health

Menopause is a time of transition where the levels of a woman’s female hormones begin to decline. Many women may approach this time of their life with preconceived view of what it means to them, shaped by watching their mother and other female relatives experiencing

menopause. Some women cope better with it than others, and although it's a normal feature of aging for some women it has a huge impact both positively and negatively and can alter their comfort level with their own bodies. Health status and menopause are added socially to the health status of women because when they are on their menstrual period, they did not like socialization event to go outside their houses is difficult due to the accompanied discomfort of menses. They are free from the bondage of menstruation. They socialize freely and can even travel to places without worry.

Financially, menopause increases the economic status of women. Prior to this time, some women spend lots of money buying sanitary pad for packing menstrual flow. Aside from that, some women experience severe menstrual pain which they need to buy some drugs for relief, that too need money, the money that could be saved for other social activity.

Emotionally, menopause reduces the risk of unwanted pregnancy and fear, many women experience a new found sense of freedom and anticipated personal growth. "Menopause is a time great change; it is adolescence of older age but better than adolescence of youth. Menopausal women have experience and confidence". The attitude with which you embark upon this period of transition can have a tremendous impact on your experience, emotion, as well as choice of behaviours (WHO, 2004). On the other hand, menopausal transition affects health negatively. For some women aged 55-65 years, weight gain is one of their major health implications of excessive weight gain, particularly, around the abdomen which is associated with a heightened risk of cardiovascular and metabolic disease and also impact on the health related quality of life and sexual function (WHO, 2012). Emotionally, some experience loss of energy and drive, irritable with fluctuating mood, lack of concentration and loss of sleep. Hence, proper hormone replacement therapy and exercise can reduce the problem (Ufere, 2008).

Women's health Behaviour during Menopause

Like most transitions in a person's life, how one reacts or behaves depends on physical, psychological, social, educational and cultural factors. No two women experience natural menopause occurrence the same way. Menopause typically begins at midlife, when many other changes may have occurred. Some women welcome this new phase of life while others have a harder time particularly if menopausal symptoms have severe impact on quantity of life. The more women understand what is happening in their bodies the better they are equipped to deal with the conditions of menopausal life. It creates understanding among partners, family and friends especially someone who is also going through menopausal life at the same time. Women who are dealing with menopause which occurred earlier than usual, or because of disease like cancer will likely need additional support.

According to a study on menopause by WHO (2010), one of the largest and most comprehensive studies of midlife women and menopause showed that the vast majority of women have positive or neutral attitudes towards menopause. Most women find that the experience and symbolism of menopause transition motivates them to take stock of their lives, think about what is most important to them as they become more attentive to their health needs, and make changes in how they take care of themselves. In a 2000 Gallup Survey sponsored by the Northern American Menopause Society, majority of post-menopausal women said they were happier and more fulfilled than when they were younger. They reported improvements in their families and homes, partners, relationships and friendships. In addition, approximately three quarters of women living

in the United States, ranging from fifty to sixty-five years said they had made some types of health related lifestyle changes, such as stopping smoking at menopause

Methodology

Area of the Study

The study was conducted in Abak Local Government Area. It is bounded on the North by Uyo Local Government Area, on the East by Essien Udim Local Government Area, on the West by Oruk Anam Local Government Area and on the South by Etim Ekpo: Local Government Area. The main occupations are marketing, farming, civil service, and petty trading. The estimated population is approximately 139,090 (NPC, 2006).

Design of the Study

The design of the study was a descriptive survey design aimed at investigating and drawing inference on the menopausal condition and health behaviour of women under menopause in Abak Local Government Area of Akwa Ibom State.

Population of the Study

The study area was Abak Local Government Area. The population of the study is focused on menopausal women aged 45 and above from five (5) wards in the Local Government Area. The population was eligible to participate in the study because they possessed if not all, part of the characteristics which the study sought to investigate.

Sample Size

A sample of twenty (20) respondents was selected from five (5) wards out of eleven (11) wards in the Local Government Area. Therefore, a total sample size of one hundred (100) respondents sampled was used for the study.

Sampling Technique

A simple random sampling technique was used to select the five (5) wards. The same method was also employed to select twenty (20) menopausal women in each ward. This method gave every menopausal woman a chance of being selected for this study.

Instrument for Data Collection

The instrument used in the study was a structured questionnaire Titled “Menopausal Condition and Health Behaviour of Women under Menopause Questionnaire” (MCHBWMQ). An oral interview in view of the illiterate respondents sampled under this study was used.

Validity of the Instruments

The content of the instrument was given to the research supervisor to assess suitability of items on the instrument corrections. After validation and approval, the corrected questionnaires were used for the collection of data.

Reliability of the Study

In order to establish the reliability of the instrument, ten (10) questionnaires were administered to women not included in the study area to ascertain the clarity of the instrument, the terms and expressions used.

Method of Data Collection

Data was collected through the use of questionnaire administered personally and directly to the respondents and by oral interview. One hundred (100) questionnaires were distributed to the respondents. The procedure for the completion was explained to the respondents by the researcher. The questionnaire dully completed were collected back after 45 minutes.

Method of Data Analysis

The data collected were sorted, tallied and complied using the frequency table. Percentage was used to answer the questions while the chi-square analysis was used to test the null hypothesis at 0.05 alpha level of significance.

Analysis of Study

Research Question One: Do women in this study group know the sign and symptoms of menopause?

Table 1: Simple Percentage of Analysis for Symptoms of Menopause. N=100

S/N	Item	Percentage		
		Agreed	Disagreed	Total
1	Are you aware of signs and symptoms of menopause?	81	19	100
2	Hot flushes affect most menopausal women adversely.	92	8	100
3	Causes of hot flush should be known to women to reduce worry and anxiety.	94	6	100
4	Lack of knowledge about the sign and symptoms of menopause is high among women in the society.	89	11	100
Total Percentage		356	44	400
		89.0%	11.0%	100%

To answer research question 1, the analysis from table 1 shows that the total average percentage of respondents which responded positively (agreed) was 89.0% while 11.0% of them responded negatively (disagreed) towards knowing the signs and symptoms of menopause in the study area. Therefore, in conclusion, the women of 45 years and above are aware of the signs and symptoms of menopause as hot flushes affect most of them adversely.

Research Question One: What are the effects of menopause on health of women during this period?

Table 2: Simple percentage Analysis for Effects of Menopause. N=100

S/N	Item	Percentage		
		Agreed	Disagreed	Total
5	Menopause makes women to socialize freely without the discomfort of menstruation.	93	7	100
6	Menopause increases the financial status of women of menopausal age.	90	10	100
7	Women are emotionally stable as fear of unwanted pregnancy is eliminated during the menopausal period.	90	10	100
8	Menopausal period brings about personal health growth among women during the period.	77	23	100
Total Percentage		350	50	400
		87.5%	12.5%	100%

From the table, the analysis shows that the total average percentage of 87.5% of respondents agreed while 12.5% of them disagreed with the effect of menopause on the health of women during this period in the study area. Therefore, it could be concluded that the possible effect of menopause on women 45 years and above include their increased level of socialization in the society, increase in financial status and free stress period from unwanted pregnancy.

Research Question Three: How do women react or behave during this menopausal period?

Table 3: Simple Percentage Analysis for Women Behaviour during Menopause. N=100

S/N	Item	Percentage		
		Agreed	Disagreed	Total
9	Women of menopausal age welcome the new phase of life positively	81	19	100
10	Women behaviour depends on their level of awareness during this period.	88	12	100
11	Many menopausal women do not welcome this transitional period of life due to its adverse impact.	81	19	100
12	Educational level of menopausal women influences their behavioural pattern during the period.	86	14	100
Total Percentage		336	64	400
		84.0%	16.0%	100%

The analysis from Table 3 shows that the average percentage of 84.0% respondents were in agreement while 16.0% disagreed with the possible behaviour or reaction of women 45 years and above during their menopausal period. Therefore, it shows that there are outstanding behaviour of women on their menopausal period given that even though they accept the new phase of adverse impact which influences their behavioural pattern.

Analysis for Research Hypotheses

Hypotheses Testing

Research Hypothesis One: There is no significant relationship between women aged 45 years and above and the signs and symptoms of menopause.

Table 4: Chi-square Analysis on Symptom of Menopause. N=100

Responses						
SA	A	D	SD	Total	χ^2 cal	χ^2 cri
38(47.7)	43(41.3)	10(6.7)	9(4.3)	100	20.24	16.92
60(47.7)	32(41.3)	5(6.7)	3(4.3)	100		
52(47.7)	42(41.3)	4(6.7)	2(4.3)	100		
41(47.7)	48(41.3)	8(6.7)	3(4.3)	100		
191	165	27	17	400		

Table 4 shows that the calculated χ^2 value 20.24 is greater than the critical value of 16.92 at 9 degree of freedom and significance level of .05 alpha level. Therefore, the research hypothesis which states that there is no significant relationship between women aged 45 years and above and the signs and symptoms of menopause in the study area is rejected.

Research Hypothesis Two: There is no significant relationship between menopause and health of women 45 years and above.

Table 5: Chi-square Analysis on Effects of Menopause. N=100

Responses						
SA	A	D	SD	Total	χ^2 cal	χ^2 cri
52(39.8)	41(47.7)	7(8.5)	0(4.0)	100	30.35	16.92
32(39.8)	58(47.7)	4(8.5)	6(4.0)	100		
48(39.8)	42(47.7)	8(8.5)	2(4.0)	100		
27(39.8)	50(47.7)	15(8.5)	8(4.0)	100		
159	191	34	16	400		

The analysis in Table 5 to test the research hypothesis 2 shows that the calculated χ^2 value 30.35 is greater than the critical value of 16.92 at 9 degree of freedom and significance level of .05 alpha level. Therefore, the research hypothesis which states that there is no significant relationship between menopause and health of women aged 45 years and above in the study area is rejected.

Research Hypothesis Three: There is no significant relationship between menopause and the behaviour of women during the menopausal period.

Table 6: Chi-square Analysis on Women Behaviour during Menopause. N=100

Responses						
SA	A	D	SD	Total	χ^2 cal	χ^2 cri
25(32.7)	56(51.3)	16(12.0)	3(4.0)	100	25.71	16.92
26(32.7)	62(51.3)	7(12.0)	5(4.0)	100		

46(32.7)	35(51.3)	17(12.0)	2(4.0)	100
34(32.7)	52(51.3)	8(12.0)	6(4.0)	100
131	205	48	16	400

From Table 6 above, the analysis to test research hypothesis three shows that the calculated χ^2 value 25.71 is greater than the critical value of 16.92 degree of freedom 9 and significance level of .05 alpha level. Therefore, the research hypothesis which states that there is significant relationship between menopause and the behaviour of women during the period in the study area is rejected.

Discussion of Findings

The research which is to investigate the menopausal condition and health behaviours of women under menopause in Abak Local Government Area generated a lot of data used in the analysis. Therefore, the major findings are discussed as follows:

Research Hypothesis One

From the analysis of data to test research hypothesis 1, the result showed that there was a significant relationship between women aged 45 years and above and their knowing the signs and symptoms of menopause in the study area. The analysis revealed that most women were aware of the related sign and symptoms of menopause among the women of menopausal age. Menopause is seen as a natural process that occurs as part of normal aging process which indicates that a woman is no longer fertile. The result showed that most women experience the changes due to changes in their hormone levels which is related to night sweating or hot flushes. According to WHO (2010), the sensation of heat is not merely imaginary but due to the actual changes in the body temperature. Moreso, the result showed that even though the causes are not quickly known by women, it tends to create worry and anxiety among them. With proper knowledge of the signs and symptoms of menopause, most women of the menopausal age tend to welcome their next stage of life. Parlee (2006) opined that many women implicitly assumed that the physical changes of menopause are one part of a woman's life experience and health status. That it depends on the specific physical changes of her body and on her personal circumstances and life history.

Research Hypothesis Two

The result of the study showed that there was a significant relationship between menopause and health of women aged 45 years and above in the study area. The analysis revealed that menopause added socialization to the health status of women because when they are on their menstrual period, they did not like social events. They now can socialize freely. Moreso, women of the menopausal age increase their economic status since money spent during menstrual period are saved for other relevant spending. According to WHO (2004), it reduced the fear of spending money ate the risk of unwanted pregnancy. The menopausal women are now confident during this great body change tend to embark upon other reasonable economic pursuits because past menstrual experiences of loss of energy and drive irritable mood, lack of concentration and loss of sleep is terminated (Ufere, 2008).

The personal health growth among the women during the menopausal age was on the increase. This was because most women became more attentive to their health needs and was more fulfilled than when they were younger. The more women understand what was happening to their body, the better they are equipped to deal with the conditions of menopausal life (WHO, 2010).

Research Hypothesis Three

The result of the study revealed that there was a significant relationship between menopause and the behaviour of women during the period in the study area. That is, most behaviours either positive or negative during menopausal age are related to their level of awareness on the signs and symptoms of menopause. Most women of menopausal age welcome the new phase of life positively due to their maturity, wisdom and experience. These women do not complain of depression or psychological symptoms as it is seen in the light of beginning a new and liberating chapter in women's life. Considering their behaviours and activities in the society, the menopausal women accept their new stage of life as most appropriate to improve their quality of life and health status. The result also showed that many menopausal women do not welcome this transitional period of life due to its adverse impact such as weight gain, cardiovascular and metabolic disease. However, the effects of menopause out-weighted the adverse impact on the women when it is well managed. Since menopause is based uniquely on individual experience, the high educational level of menopausal women influenced their behavioural pattern positively during the period. The awareness that menopause is not a disease but seen as a deep reflection on new challenging part of life, then the menopause period will create good behavioural pattern for the women accordingly.

Summary

The research study was carried out by the researcher solely to collect and analyse data to investigate the menopausal condition and health behaviour as it affects women under menopause in the society. Structured questionnaire was used as a research instrument for the study in which one hundred (100) respondents who were 45 years and above and under menopause status were considered as the sample population. The summary of findings of the study as it relates to their experiences showed that most menopausal women welcome their new condition of life as it reduced their uncomfortable mood during periodic menstruation. Their response showed that their quality of life greatly improved socially which directly reflect in their improved health status. Their understanding and awareness of what was happening to their bodies in terms of signs and symptoms has greatly helped the women of menopausal status to reflect deeply into their life which tends to create a good behavioural pattern socially and otherwise among them.

Conclusion

In conclusion, most women regarded menopause as a time of great change based on their experiences. Their emotions and social relationship deepens greatly as it creates a severe impact on quality of life and health status. The menopausal period tends to motivate them to develop good behavioural pattern and good relationships with people around them.

Recommendations

In view of the above, the following recommendations were made:

- (1). The government should provide menopausal unit in the health facilities to create awareness for women on what to do when this new phase of life begins.
- (2). Health workers should include menopausal education in antenatal health talks.
- (3). Non-governmental organizations should health educate women in their private sectors about menopause.

REFERENCES

- Awake (1999): *Coping with menopause*. New York: Watch Tower Bible and Tract Society of Pennsylvania.
- Coppie, C. K. (2002): *A Feminist Analysis of the Menopause Discourse of Contemporary Nurse*.
- Kasper (2003): *The wisdom of menopause*, bantam.
- Kristen, S. (2005): *State of the Science Panel on Menopause National Institute of Health, USA*.
- Parlee, M. D. (2006): *Menopause natural, preparing for the second half of life*. Volacano Press.
- Rachel, G. (2007): *Women Health Issues*.
- Rose and Wilson (2006): *Anatomy and Physiology in health and illness*. New York, Churchill Livingstone Elsevier.
- Ufere, A. (2009): *The Good Nurse*. Surulere, Lagos, Sebana Books & Publishing House.
- World Health Organization (2004): *Menopausal Condition of Women*. WHO, Geneva, Switzerland. www.goggle.WHO/menopause.com.