Cognition of Menopausal Coping Mechanisms among Urban Women

Ngozi Veronica Orajekwe[1] **and Nonyelum Stella Nwankwo** [2]
[1] Department of Human Kinetics and Health Education Nwafor Orizu College of Education, Nsugbe
[2] Department of Human Kinetics and Health Education Nwafor Orizu College of Education, Nsugbe
Corresponding Author's Email: ngoovera@gmail.com

Abstract
Women stand the risk of numerous health conditions as they advance in age and one of such conditions is cessation of menstruation commonly called menopause. Ensuring healthy ageing depends on the woman's ability to cope with menopause. The purpose of this research was to investigate level of cognition of menopause coping mechanisms among urban resident women in Onitsha community of Anambra State. The survey research design was adopted. The sample consisted of 200 resident women aged 45 years and above. Two-stage sampling procedure was used for the study. Structured interview was the major instrument for data collection. Data collected were analysed using percentage and chi-square. Result of the study revealed that the respondents have low level of cognition of menopausal coping mechanisms. Levels of education and religious affiliations of the respondents were found to influence their cognition. Based on the findings, it was recommended among others that community-based health talks on menopause should be periodically organized at the grassroots to enlighten resident urban women on menopause coping mechanisms for healthy ageing.
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Keywords*:* Cognition, Menopausal, Mechanisms and Urban Women.

Introduction

By nature, women are subjected to some femininity that calls for special counselling for effective health maintenance. At puberty, the female is faced with menarche and its crises situation. During the middle age period, the woman is faced with procreation and all the strains involved. As a woman advances in age, she experiences cessation of the ovarian and uterine cycles referred to as menopause. Masters and Johnson (2019) defined menopause as the end of menstruation. It is the turning point in any woman's life because it marks the end of her reproductive function. Menopause sets in at about the age of 45 or 50 years in Nigeria and 51 years in United States of America (Michinglay, 2018). Menopause can begin earlier than 40 years or later than 55 years. At menopause, the ovaries are no longer active with consequent absence of ovulation and hormone secretion.
Cutler (2020) explained that during menopause there a the shutting down of the ovaries egg factory and the ovaries diminish production of oestrogen and progesterone, thereby lowering down the sex hormones. With some women, the end of menstruation happens suddenly. One period finishes and another never occurs. For others, the periods become erratic, occurring at intervals of three weeks to several months. Clayton (2017) opined that to some women, the period remains regular, but the amount of blood loss gradually diminishes until it stops. When a full year goes without a woman experiencing a menstrual period, she can reliably conclude that menopause occurred at the time of her last menstruation (Scanman and Scanman, 2023).

Menopausal women experience the following: hot flushes, vaginal dryness and palpitation. Hot flushes (sudden warmth sensation felt by most women at the face, chest and less often the entire body) are due to oestrogen insufficiency. Palpitation refers to rapid and forceful contraction of the heart. Others include headache, insomnia, incontinence (inability to hold urine), dryness of the skin, memory lapses, weight increase, general body pain as well (Ogwunga 2024, Jones, 2022, & Smith, 2017). Menopausal women are usually faced with phobia, depression, lack of confidence and are irritable, irrational and quarrelsome (Kase, 2019). This situation has led to broken homes, polygamy,

loss of love and affection, extramarital affairs, drug abuse, self-esteem, self-medication and misuse of drugs among others.

Most women feel that menopause is a frustrating moment because of ignorance of coping mechanisms. Medical scientists (Combs, Hales & Williams, 2019) suggested coping mechanisms like adequate diet, regular moderate exercise, drug therapy (like vitamin E, B, C and D), personal hygiene, regular medical care, adequate rest, adequate sleep, music therapy, ecclesiastical therapy, water therapy, effective stress management and positive communication with spouse and family members. Regular exercise enhances the ability to cope with stress and depression as well as helps in keeping off weight. In coping with hot flushes, regular exercise helps the body to cope with excess heat, thus cooling down more quickly. Use of oestrogen pills is not encouraged because of the fear of cancer of the uterus and gall bladder. However, vitamin tablets as prescribed by qualified medical doctor equally help in maintaining hormonal balance (Aitken, 2018).

This present study sought to ascertain the level of cognition of urban women in Onitsha community to these menopausal coping mechanisms with a view to suggesting ways of sensitizing the subjects toward effective coping strategies. Some women feel bad, look sick and complain sick when they reach menopause. Menopause is not a disease. It is a stage in a woman's life cycle that may attract some inconveniences as earlier pointed out.

Menopausal women ought to live normal life like other women, hence there is need for proper coping mechanisms. Such coping mechanisms may be related by levels of education and religious affiliations. It is against the background of healthy ageing and healthy menopause management that the researchers were motivated towards ascertaining cognition of menopausal coping mechanisms among urban women of Onitsha community in Anambra State.

Research Questions

The following research questions were posited to guide the study:

1. What are urban women's cognition levels of menopausal coping mechanisms through health promotion principles?
2. What are urban women's cognition levels of menopausal coping mechanisms through stress management techniques?
3. What are urban women's cognition levels of menopausal coping mechanisms through appropriate medicare?
4. What is the relationship among respondents of various levels of education in their cognition of menopausal coping mechanisms?
5. What is the relationship among respondents of various religious affiliations in their cognition of menopausal coping mechanisms?

Hypotheses

Ho_1: There would be no significant relationship among respondents of various levels of education in their cognition of menopausal coping mechanisms.

Ho_2: There would be no significant relationship among respondents of various religious affiliations in their cognition of menopausal coping mechanisms.

Method

Descriptive research design was used for the study. The design was considered appropriate for the study because it involved a fraction of the population that have the same characteristics. The appropriateness of this research design could be adduced from its use in similar studies by previous researchers including Abanobi (2019), and Umeh and Okafor (2023).

The accessible population for the study were all the resident women 45 years and above, from the ten

randomly drawn villages in Onitsha. The sample consisted of 200 resident women aged 45 years and above. Two-stage sampling procedure employing mostly cluster sampling and random replacement techniques were used. Stage one consisted of clustering the subjects into eighteen, representing the eighteen villages in Onitsha community. Random replacement technique was used in selecting ten villages. This helps in ensuring that all the members of the population have equal chance of being selected for the study. In stage two, simple random sampling by balloting without replacement was used in drawing twenty respondents that were interviewed in each of the ten villages.

The major instrument used for data collection was structured interview. The structured interview protocol was developed by the investigator after a thorough review of related literature and similar instruments. The structured interview was segmented into two sections. The first section sought biographical information of the respondents while the second section sought information on the respondent's cognition of menopausal coping mechanisms as guided by the objectives of the study.

The instrument was submitted to a juror of health education experts in Nigerian universities for validation. All their corrections were adequately effected in restructuring the instrument.
Reliability of the instrument was established by exposing the structured interview protocol twice to a pilot study group of ten respondents from Nnewi, which was not part of the study population.
A re-test was done after fourteen days using same subject. Two sets of scores obtained were correlated using Pearson product moment correlation co-efficient and a high positive reliability value of .88 was obtained. Consequently, was inferred that the instrument could be used to collect valid and reliable data from the sample under study.

Results

The results of data analysis are shown in table 1-5.

Table 1

Respondents' cognition of Menopausal coping Mechanisms through health promotion principles (N = 197).

Items	**Cognition (Cognizant)**	**Response (Not Cognizant)**
1. Adequate rest	85 (43.1%)	112 (56.9%)
2. Adequate sleep	98 (49.7%)	99 (50.3%)
3. Regular moderate Physical exercise	97 (49.2%)	100 (50.8%)
4. Adequate nutrition	99 (50.3%)	98 (49.7%)

5. Personal hygiene	100 (50.8%)	97 (49.2%)
Total	479	506
Average	96 (48.7%)	101 (51.3%)

Table 2

Respondents' Cognition of Menopausal coping Mechanisms through stress management techniques (N = 197).

Items	**Cognition (Cognizant)**	**Response (Not Cognizant)**
6. Diversional therapy	80 (40.6%)	117 (59.4%)
7. Ecclesiastical therapy	102 (51.8%)	95 (48.2%)
8. Music therapy	90 (45.7%)	107 (54.3%)
9. Counseling therapy	97 (49.2%)	100 (50.8%)
10. Effective Communication with spouse and family members	98 (49.7%)	99 (50.3%)
Total:	**467**	**518**
Average:	**93 (47.21%)**	**104 (52.79%)**

Table 3

Respondents' Cognition of Menopausal coping Mechanisms through Appropriate Medicare (N = 197).

Items	**Cognition (Cognizant)**	**Response (Not Cognizant)**
11. Seeking regular medical advice/ check up	94 (47.7%)	103 (52.3%)
12. Drug therapy (as prescribed by the medical doctor)	90 (45.7%)	107 (54.3%)
13. Water therapy	98 (49.7%)	99 (50.3%)
Total:	282	309
Average:	94 (47.72%)	103 (52.28%)

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Tables 1, 2 and 3 revealed that only 97 (49.2%) of the respondents were cognizant that engagement in regular moderate physical exercises is a menopausal coping mechanism. Also 99 (50.3%) knew that adequate nutrition helps menopausal women to cope with their condition. However, majority of the respondents (117 (59.4%) and 112 (56.9%)) were not cognizant that stress

management and adequate rest respectively are modes of coping with menopause. Appreciable number of the respondents 99 (50.3%) were unaware that effective/positive communication with spouse and family members aid in coping with menopause. Furthermore, 103 (52.3%) of the respondents were not knowledgeable that regular medical checkup is a way of coping with menopause. The major finding revealed that on the average, 96 (48.7%) of the respondents were cognitive of major menopausal coping mechanisms while 101 (51.3%) were not cognitive.

Table 4

Cognition of Menopausal Coping Mechanisms among the respondents by level of Education.

Level of Education	**Cognition (Cognizant)**	**Response (Not Cognizant)**	**Total**
No formal education	11(5.6%)	53(26.9%)	64
Primary education	15(7.6%)	27(13.7%)	42
Secondary education	25(12.7%)	11 (5.6%)	36
Tertiary education	45 (22.8%)	10 (5.1%)	55
Total	96 (48.7%)	101 (51.3%)	197

X^2 = 58.77 / 7815; df = 3; P/_05

Table 4 showed that there was significant relationship among subjects of .Carious levels of education in their cognition of menopausal coping mechanisms (P/ .05). The highest level of cognition came from subjects with tertiary level of education; while the lowest level of cognition came from subject with no formal education. They are minimally related.

Table 5

Cognition of Menopausal coping Mechanisms among the Respondents Religious Affiliation

Religious Affiliation	**Cognition Cognizant**	**Response Not Cognizant**	**Total**
Roman Catholics	32(16.3%)	23(11.7)	55
Anglicans	25(12.7%)	19(9.6%)	44
Baptist	13(6.6%)	38(19.3%)	51
Pentecostals	26(13.2%)	21(10.7%)	47
Total	**96(48.7%)**	**101(51.3"-;,)**	**197**

X2 = 14.96; / 7.815; df = P/_ .05

Table 5 disclosed that there was significant relationship among subjects of various religious affiliations in their cognition of menopausal coping mechanisms. Roman Catholics revealed highest level cognition response, while Baptists revealed the lowest. The results are moderately related.

Discussion

Result of the study (Table 1) revealed that the level of cognition of the respondents on menopausal coping mechanisms was low. This was unexpected. One would have expected a moderate level of knowledge of the subject matter among the respondents because menopause is a natural phenomenon which women who attain the age experience. Related literature confirmed that cognition of menopausal coping mechanisms among women generally is still low; probably because less of sexuality problems/circumstances are discussed in developing countries (Wood, 2020). Imogic (2018) found out that 84 percent of the women used for a study in Benin - Nigeria were not knowledgeable about health problems of menopause. Culturally, femininity matters are discussed with reservations (Wilson, 2018). The risk of low level of knowledge is that most of the respondents

will be exposed to the inconveniences of poor coping mechanisms.

Significant relationships existed among subjects of various levels of education and various religious affiliations. It is expected that subjects with tertiary education revealed highest level of cognition while those with no formal education revealed lowest level of cognition of menopausal coping mechanisms. Literature confirmed that the degree of enlightenment and ability to accept menopausal experience as a natural phenomenon depends on one's educational attainment (Alakija, 2024). This is not unconnected with the fact that education exposes one to various concepts. Hence an educated person has wide spectrum. Clifford (2022) equally opined that high level of education increases level of cognition and subsequently increases the tide of change of attitude and behaviour.

Religious affiliations equally influence menopausal coping mechanisms with Roman Catholics revealing highest level of cognition; while Baptists disclosed the lowest. This was unexpected. One had expected at least moderate level of awareness from various religious affiliations because of activities of women in religious gatherings that expose them to talks on feminine related matters. However, Gail (2025) confirmed that women who enjoy a boost in menopausal status are those who perform roles in which their intellectual judgments, creativity and spiritual strength arc primarily valued. Hence, women who are happily devoted to expanding their knowledge and understanding of the biblical teachings have a worthwhile value.

Conclusions and Recommendations

An appreciable number of the respondents have been found (o have poor cognition of menopausal coping mechanisms irrespective of (heir levels of education and religious affiliations. This low level of cognition will predispose the respondents of numerous physical, social and emotional consequences. Therefore, researchers, curriculum planners, health educators, guidance counselors and religious leaders should target women 40 years and above and enlighten them on positive steps toward coping with menopause in order to ensure healthy ageing.

Specifically, health and allied educators should organize health talks during august meetings and important women gatherings enlighten them on menopausal coping mechanisms and other feminine health issues. Curriculum and educational planners should introduce sex and family life education into senior primary, secondary and tertiary institutions curriculum as a means of creating awareness early in life. Directors of planned parenthood federation of Nigeria and organizers of society for family health should periodically organize community based health talks on menopause al the grassroot so as to enlighten women on menopause coping mechanisms. Various religious affiliation leaders should include themes and subthemes like healthy menopause as one of the family counseling issues to be discussed in religious gatherings like "mothering Sunday". Health and allied educators should periodically sponsor medina programmes that will enlighten women on reproductive health concepts like menopause.

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