

**KNOWLEDGE AND ATTITUDE OF WOMEN
TOWARDS MENOPAUSE IN ANAMBRA STATE**

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Abstract

The study was on the knowledge and attitude of women towards menopause in Anambra state. The number of women both married and unmarried who move from one hopeless place to another: prayer homes, witch doctors, diviners and pastors for menopause related issues which is increasing in alarming rate prompted the study. The study was guided by seven research questions. Eight null hypotheses were stated and tested at 0.05 significant level. Survey research design was adopted for the study. A sample of 1500 women selected through purposive sampling was used for the study. Two questionnaires: Women's Knowledge towards Menopause (WKM) and Women's Attitude towards Menopause (WAM) were developed, validated by experts and tested for reliabilities were used for data collection. Range of summated scores and Pearson correlation coefficient were used in answering the research questions while Z-test was used in testing the null hypotheses. The findings showed among others that majority of the women have average knowledge of the nature of menopause and very few of them have good knowledge of the nature of menopause. Also 325 out of 1359 women studied have good knowledge of the body changes in menopause, while 498 of them have poor knowledge of the body menopause. Again, 546 of the women have poor knowledge of the physiological problems of menopause, where 325 out of 1359 of the women studied have good knowledge of the physiological problems. There are very high positive relationships

existing between the women's knowledge on various aspects of menopause and their attitudes towards menopause. Marital status is a significant factor in the women; knowledge and attitude towards menopause where educational level is not. Based on the findings recommendations were made which include: Guidance counsellors and health workers should map out education programmes for women on menopausal issues and personal hygiene. Guidance counsellors should establish community based clinics and counselling programmes to be able to reach more women in rendering their services. Seminar, paper presentation, workshops and symposia should be organized for women generally especially during August meetings to educate them properly on all about menopause.

Key words: Women, Menopause, Knowledge and Attitude

Introduction

Menopause is natural phenomenon which starts to occur among women when they attained certain age of their life till death. Perhaps, it is very essential and relevance to establish the meanings of various concepts of variables of this study which includes menopause, knowledge and attitude. Their understandings have become vial in order to fully comprehend this research study. Along this background, Werner (1993) asserted that menopause or climacteric is the time in woman's life when menstrual periods stop coming. But Walsh (1992) added that menopause is the cessation of menstruation, which usually

occurs at about 45 to 50 years of age. Any woman in certain time of her life experiences permanent stoppage or cessation of menstruation. This period is naturally refers to as menopausal stage. Menopause is peculiar to women of about 40 years and above. Menopause may occur early or lately in lifetime of any woman. Egbue (2002) opined that menopause occur as early as 40 years and lately as from 45 years in a woman. In other words, some women experiences menopause at the age of 40 years while some other women experience it as the age of 45 and above. Echizina (2004), in this direction stated that menopause is a stage upon which it is incapable of a woman to give birth to a child or children. In essence, such a woman has outline child bearing stage or age because monthly discharge of blood from the womb which signify capacity or ability of child bearing ceases to occur. From the various definitions and description given, it is clear that menopause explains or involves an end to a hormonal activity in a woman. It is an end or a cessation menstrual flow which most women are not sure what happens next.

Fletcher (2000) has established that between the ages of 40 and 45 years or there about most women usually come face to face with the reality of the biological phenomenon known as menopause. In essence, most women experience these physiological changes early, while some other women experience menopause lately. Menopause no doubts, is a phenomenon whose existence is apparent and real as the sun is to earth. In other words, to women, when the issue is about menopause the question is not whether it will occur or not,

but when it will occur. How is it going to be handled, controlled or optimally managed, becomes the main problem which women face during the period of menopause is management. Uzougwu (1998) noted that no women is ever born with menopause, it is a consequence of biological or physiological maturation which occur in women at the ripe age of about 40 years of 45 years. Because of its seemingly sudden occurrence, most women become confused and ambivalent on what to do in order to manage it. This situation is further worsening by the seemingly apparent lack of general knowledge by most women of the nature of menopause. Okafor (2001) asserted that it is generally assumed by women that it is because government had embarked on wide publicity and campaign explaining what to expect during menopause that the attitude of women would perhaps be more positive towards the expectation of menopause.

However, majority of women thinks that the question of menopause is beclouded by unreal and stereotype information obtained from other women who are ignorant about the nature and effect of menopause. Ezeanyiam (1999) literally stated that menopause is a permanent stoppage of menstruation among women in other wards women stop experiencing menstruation cycle which is supposed to occur under normal circumstance. But Werner (1993), believed that during menopause, it is normal for women to experience discomfort, anxiety, distress, hot flushes that travel all over there body as the result of non occurrences of menstruation.

Okafor (2001) advocated that the same type of attention that is being given to HIV

today should be given to the issue of menopause on information even though it concerns only women. Arthur (1999) argued that this is the only way to create complete knowledge and awareness and positive change of attitude for women concerning menopause. But closer observation though personal, indirect experience through complaint from most women who have attained menopause, age, awareness and education of women are very relevant on menopause.

Okafor (2001) defined knowledge as facts, information, understanding and skills that a person has acquired through experience or education. In essence, knowledge involves information, understanding, facts and skills acquired over time as a result of experience or education. It is very common to hear people say that one has knowledge of something. The implication of that simply means that such a person has acquired information, understanding, skills or fact of that. In complete affirmation, Melrose (1998) admitted that knowledge in a particular field like menopause knowledge stands to indicate the understanding, facts, information as well as opinions shared by women aged between 40 to 55 years who have experience of menopause.

Menopause, at first is known to cause varieties of inexplicable physiological; and social changes in women. According to Egbue (2002), this is as a result of certain changes in the hormonal balance and absence of ovulation, which is often accompanied by generalized systems known as climacteric. But Bailey (1995) noted that some women experience menopause as

early as 40 years and few as late as 55 years; while most experience similar symptoms. The climacteric systems include headache, has flushes of the face, dizziness, sweating, palpitation, faints, transient anxiety, and prolonged breast pain and distress changes in their menses.

In other cases, according to Werner (1993) the presence of depression, anxiety, insomnia, irritability and tension follows while in others lot of flushes, nervousness, irritability, tachy cardia, weight gain, reduced sex drive, occasional dry vagina. It must be noted that it is only psychological process and no illness is implied. Markson (1985) also explained that during menopause, it is normal for a woman to feel many discomforts, anxiety, distress, hot flushes (suddenly uncomfortable hot) pains that travel all over the body, sadness etc. the periods often become regular for several months before they stop completely. There is a general agreement among experts that menopause is preceded by a lot of chemical and physiological changes in a woman's biological make-up, sometimes not quietly but mainly in a destabilizing manner. Commenting on this, Salmon (1989) observed that the woman has hot flashes or flushes in depressed and her gloomy outlook on life cast a shadow over members of the family who wonder what has happened to their once happy home.

Sexual drive may not be reduced in some women while in some it is reduce. The vaginal walls in some seem to dry because of lack of secretions that lubricates it thus resulting to dysparenia. Signs and symptoms of menopause are many and vary depending on the women's biological make – up.

Hector (1984:56) believed that menopause occur in any of the following ways:

The periods may occur at longer intervals but with a normal amount of bleeding or Reduced loss; previously regular periods, May cease abruptly and never reoccur; and the period remain regular, but the amount of loss gradually diminishes until it ceases finally altogether.

According to Okafor (2001), the cessation periods is the most noticeable event of the climacteric signs which are frequently seen and may persists for a year or two before and after menopause. This signs include:

- a) Psychological upsets of various kinds, which result from difficulties in adjustments to her new psycho-sexual environment; she may complain of depression uncontrollable fear, headaches, lassitude and insomnia. In some cases the depression may be severe enough to be called psychiatric illness.
- b) Vaso-Motor systems so called "hot flushes". This is redness of the skin of the face and neck and they may sweep as a feeling of great heat and oppression over the whole body sweaty somstimes occurs. In a several instance those hot flushes are almost continuous and occur about twenty or thirty times in a day. If it is mild, they may last for a few minutes only once or twice a day, or even less frequent and will eventually be unnoticed after the menopause.

- c) Increase in weight is common and often associated with arthritis, usually in the knee joint because increases in weight add strain on joint which have been over burdened for many years.
- d) Relaxation of ligaments adversely affect joint and may cause some dropping of the shoulder girdle, scoliosis of the spine, or genital prolapsed.
- e) Gastro – intestinal upsets such as tingling and numbness in the arms and legs may occur.

Moore (1997) stated that during menopause the uterus, oviducts and ovaries become thinner and more easily irritated. This is likely if sexual intercourse is to take place. Ruth (1994) observed in his research finding that the tissue surrounding and supporting the vagina muscles of the pelvic floor become flabby, losing their elasticity so that some degree of prolapsed may occur. The posterior or anterior walls of the vagina might be involved, this appears like a bulge or lump at the vulva, uterus may be affected, so that the cervix projects through the vagina can be very marked in the older women and it makes intercourse painful. These changes occur as a result of fall in the production of estrogens because the ovary is no longer able to respond to pituitary gonadotropins.

Vagina discharge are common, Nelson (1997) in his research findings cited some examples of leucorrhoea. According to him; leucorrhoea is a term meaning a white vagina discharge. He explains that aside from gonorrhoea there are three important causes:

a) One is an eroded or infected cervix. Many times the end of the cervix is deluded of mucous membrane and a continual discharge occurs. This discharge is usually a clear jelly-like substance that may be so profuse as to require the women to wear pad.

b) *Trichomonas vaginalis*. It is due to small parasites that normally inhabits the bowel. In mature women a profuse, yellowish discharge associated with burning on urination may be due to gonorrhea, a serious infection that should be cleared up as soon as possible. A thin watery discharge may be due to the presence of cancer in the uterus of cervix whereas a creamy discharge slightly blood stained, may be due to *Trichomonas* or some other infection.

c) *Candida Albicans*: occasionally, the female genital organs are affected with *Candida albican*, known as monicha, or some other types of fungus. The most important thing to note is that being in menopause does not change the effect of this.

Women frequently have bladder infections which cause pain when voiding as well as irritation to the extent that patients have urge to empty the bladder every few minutes. Pain in the back, bearing- pain low down in the abdomen, swelling of the abdomen, fever, foul smelling discharge from the vagina and various symptoms during menopause, may all be due to some disease of the uterus or ovaries. Itching, burning and sores about the opening of the vagina are often due to lack of cleanliness. Miles (1990) stressed that the external genitals should be bathed often. He confirmed that care should be taken to bath the crease between the folds of the labia.

But it is important to note that itching redness and swelling about the mouth of vagina may be caused by masturbation, gonorrhea, abnormal urine or the use of coarse paper or dirty clothes or pads at the time of menstruation (Crony, 1993).

According to Macrezzell (1990) most women have stereotype feelings and knowledge about menopause. While not denying that sufficient awareness exists amongst women regarding basic knowledge about menopause; most still worry about the prospects of reaching menopause one. The preponderance of their worries are concerned more on what of their

- Sex enjoyment
- Sex appeal to husbands and other lovers
- Physical look, in terms of their beauty
- General health expectations and finally where to go for medical and/or general counselling.

Dawson (1995) in his research work believes that few women who are not aware of menopause are so because of exaggerated stories of what is to be expected.

Depending on what women thinks, menopause is simply a physiological phase of hormonal changes which every woman must pass through in her life time. The mechanism is that when a woman's menstruation starts very early in life her menopause will start very late in life and when a woman's menstruation starts early in life her menopause will start late in life. Also when a woman's menstruation starts very late in life her menopause will start very early in life and when a woman's menstruation starts late in life her menopause will start early in life.

Okafor (2001), opined that attitude is a behavioural expression whether covert or

overt, action or activity. Attitude in this sense means way of behaving towards and act. But, Egbue (2002) observed attitude as behavioural reaction towards an action or act. The reaction may be positive or negative. Some people may exhibit positive reaction while some other person may exhibits negative reaction. It is necessary to point out clearly that attitudes of people over an action or act are not the same because of the various personality differences. This connotes the idea of diversified reactions which people exhibit over an action which is not uniform in its application.

Most women complain of body discomfort, regular and irregular movement in the body as well as other physiological changes which they could not attribute to any causes. This has made some women to wander from one church to another seeking for spiritual help as well as visiting traditional witch doctors' houses for the same act. Menopause is due to a hormonal change which leads to the stoppage of menstruation occurrence among women. In as much as menopause occurs among women, it baffled the researchers that in spite of the numerous investigations on menopause, most women have not come to terms with menopausal issues. Most women still complain of one menopause associated issue or the other; some of these women express serious level of anxiety; spend their hard earned money on preventing menopause from coming; some visit herbalist. While such ignorant raged on, most menopausal women continued to wane and degenerate into nothingness and at the same time their problems remained unsolved. Although, advancement in science

and education have made it possible for trained experts and counsellors to handle complex and serious problems in various areas of life but issue related to menopause have been isolated or neglected. Menopause is an issue which touches on the health, happiness and livelihood of women and in effect, deserves thorough research to be carried out on every aspect of it to help women cope with it more effectively, hence, the need for the study on knowledge and attitude of women towards menopause in Anambra state. The study would be very significant to women generally, health workers, counsellors as well as future researchers as a reference material.

Purpose of the Study

The main purpose of this study was to determine the knowledge and attitudes of women towards menopause. Specifically the study was to ascertain:

1. The knowledge of women on the nature of menopause
2. The knowledge of women on the body changes during menopause
3. The Knowledge of women on the physiological problems of menopause.
4. The attitude of women towards menopause
5. The type of relationship that exists between the women's knowledge of the nature of menopause and their attitude towards menopause
6. The type of relationship that exists between the women's knowledge of the body changes in menopause and their attitude towards menopause
7. The type of relationship that exists between the women's knowledge of the

physiological problems of menopause and their attitude towards menopause

Research Questions

The following research questions were formulated to guide the study:

1. What are the levels, of knowledge of women towards the nature of menopause?
2. What are the levels of knowledge of women towards the body changes in menopause?
3. What are the levels of knowledge of women on the physiological problem of menopause?
4. What is the attitude of women towards menopause?
5. What type of relationship exists between the women's knowledge of the nature of menopause?
6. What type of relationship exists between the women's knowledge of the body changes in menopause and their attitude towards menopause?
7. What type of relationship exists between the women's knowledge of the physiological problems of menopause and their attitude towards menopause?

Hypotheses

The following null hypotheses were stated and tested at 0.05 level of significance.

1. There is no significant difference in the mean scores of educated and less educated women knowledge on the nature of menopause.
2. There is no significant difference in the mean scores of educated and less educated women on the body changes in menopause.
3. There is no significant difference in the mean scores of educated and less

educated women knowledge on the body physiological problems of menopause.

4. There is no significant difference in the mean scores of educated and less educated women's attitude towards menopause.
5. There is no significant difference in the mean scores of married and unmarried women's knowledge on the nature of menopause.
6. There is no significant difference in the mean scores of married and unmarried women's knowledge on the body changes in menopause.
7. There is no significant difference in the mean scores of married and unmarried women's knowledge on the body physiological problems of menopause.
8. There is no significant difference in the mean scores of married and unmarried women's attitude towards menopause.

Method

Research Design

The design for this study was descriptive survey research design. It sought for information, attitudes, facts and opinions of respondents. Akuezilo and Agu (2006) asserted that descriptive survey studies a chosen sample from the population to discover the relative incidence, distribution and interrelations of social and psychological variable of the individuals.

Participants

The population of this study stood at 21,527 women registered members of women council of Nigeria as found in the ministry of women affairs and the women

working in the ministries in the state that are not married in Anambra state.

Sample and Sampling Technique

The sample of the study stood at 1,500 respondents out of the population of 21,527. Purposive and accidental sampling techniques were used to select the respondents. Those who have attained the menopausal age bracket of 35 years and 60 years both married, unmarried, educated and less educated.

Instrument for Data Collection

The only instrument used in the process of data collection was structured questionnaire on the knowledge and attitude of women towards menopause. The items of the questionnaire were designed on four point scale of measurement thus

Strongly Agree - SA (4), Agree - A (3), Disagree - D (2), Strongly Disagree - SD (1)

The questionnaire was in two sections A and B. The section A of the questionnaire which contains five items was designed to gather personal information data of the respondents. While section B which contains forty (40) items in parts 1-4 was designed to ascertain.

- How far women know about the nature of menopause
- How far women know about body changes during menopause
- How far women know about the physiological problems of menopause
- The attitude of women towards menopause

Validation of the Instrument

In terms of the validity of the items of the questionnaire, face and content validity method was used to determine the

authenticity of the purpose of the study, research question and hypotheses. The drafted copies of the questionnaire were given to two experts in measurement and evaluation, and two other experts in guidance and counselling all from Nnamdi Azikiwe University, Awka. They were given copies of the questionnaire along with purpose of the study, research questions and hypotheses. They were they requested to critically examine the instrument for relevance of content.

These experts subjected the questionnaire to serious scrutiny to ensure that it has the potentials of eliciting the desire information, and to ensure that appropriate language and instruction were used.

Sequel to the suggestions of the experts, some items in the drafted questionnaire was discarded while new ones were added.

Reliability of the Instrument

To establish the internal consistency of the instrument, a pilot test was conducted using 30 randomly selected women from Enugu state. Cronbach alpha was employed for the analysis. The coefficient alpha on each of parts of the instrument stood at 0.77 on knowledge, and 0.85 on attitude. These were considered to be high enough for the study and achieving a consistent measurement of the knowledge and attitude of women toward menopause under different and same settings.

Method of Data Collection

The researchers and 10 other research assistants used direct approach in administering copies of the questionnaire to the respondents. The respondents were administered the questionnaire on three occasions of their monthly meeting in their

venue when their president notified the researchers of the full attendant of the women. Also those in the ministries were visited by the researchers personally for data collection. Besides, the research assistants were properly educated on the content, method and language of the questionnaire for proper interpretation and explanation as well as for administration and collection.

The duly complete questionnaires which were returned or collected was 1359 out of the 1500 copies distributed, and they were therefore used for the analysis.

Method of Data Analysis

The researchers use summated scores to answer research questions 1-4. The decision points are as follows: 10-24.9 Poor knowledge, 25-34.9 Average knowledge

and 35-40 Good knowledge. The decision points for attitude test are 10-24.9 for Negative attitude, while 25-40 stood for Positive attitude. Pearson product moment correlation coefficient was employed in answering research questions 5 to 7. Where the null hypotheses were tested using Z-test.

Results

The data collected from field for this study were analyzed and the summaries were presented in table to highlight the findings. The presentation was sequential starting with the answer to the research questions and then the testing of the null hypotheses,

Table 1. Range of scores of women on the nature of menopause

Range of scores	N	Remark
10-24.9	336	Poor knowledge
25-34.9	844	Average knowledge
35-40	179	Good knowledge
Total	1359	

Table 1 shows that with scores ranging from 35 to 40, 179 out of 1359 women studied have good knowledge of the nature of menopause, 844 women who scored between 25 and 34.9 have average knowledge while 336 others who scored between 10 and 24.9 have poor knowledge of the nature of menopause.

Table 2. Range of scores of women on the body changes in menopause

Range of scores	N	Remark
10-24.9	496	Poor knowledge
25-34.9	536	Average knowledge
35-40	352	Good knowledge
Total	1359	

Table 2 reveals that with scores ranging from 35 to 40, 325 out of 1359 women studied have good knowledge of the body changes in menopause, 536 women who scored between 25 and 34.9 have average knowledge while 498 others who scored between 10 and 24.9 have poor knowledge of the body menopause.

Table 3. Range of scores of women on the physiological problems of menopause

Range of scores	N	Remark
10-24.9	546	Poor knowledge
25-34.9	488	Average knowledge
35-40	325	Good knowledge
Total	1359	

Table 3 indicates that with scores ranging from 35 to 40, 325 out of 1359 women studied have good knowledge of the physiological problems of menopause, 488 women who scored between 25 and 34.9 have average knowledge while 546 others who scored between 10 and 24.9 have poor knowledge of the physiological problems of menopause.

Table 4. Range of scores on the attitude of women towards menopause

Range of scores	N	Remarks
10-24.9	505	Negative Attitude
25-40	854	Positive attitude
Total	1359	

Table 4 reveals that 854 out of 1359 women who score between 25 and 40 have positive attitude towards menopause while 505 others have negative attitude towards menopause.

Table 5. Pearson r on women's level of knowledge on the nature of menopause and their attitude towards menopause

Source of Variation	N	Knowledge of Nat. r	Attitude towards Meno r	Remark
Knowledge of Nature of Meno.	1359	1.00	0.79	Very high positive
Attitude towards Meno	1359	0.79	1.00	

Table 5 indicates that there is a very high positive relationship of 0.79 existing between the women's level of knowledge on the nature of menopause and their attitude towards it.

Table 6. Pearson r on women's level of knowledge on body changes in menopause and their attitude towards menopause

Source of Variation	N	Knowledge of body changes r	Attitude towards Meno r	Remark
Knowledge of body changes	1359	1.00	0.99	Very high positive
Attitude towards Meno	1359	0.99	1.00	

Table 6 indicates that there is a very high positive relationship of 0.99 existing between the women's level of knowledge on the body changes in menopause and their attitude towards menopause.

Table 7. Pearson women's level of knowledge on the physiological of menopause and their attitude towards menopause

Source of Variation	N	Knowledge of physiol. problems	r	Attitude towards Meno	r	Remark
Know phy probs	1359	1.00		0.97		Very high positive
Attitude Meno	1359	0.97		1.00		

Table 7 indicates that there is a very high positive relationship of 0.97 existing between the women's level of knowledge on the physiological problems of menopause and their attitude towards menopause.

Testing the Null Hypothesis**Table 8. Z-test on the mean scores of educated and less educated women on the nature of menopause**

Source of variation	N	X	Sd	df	Cal.Z	Crit.Z	P \geq 0.05
Educated	504	27.87	2.31				
Less educated	855	26.73	9.27	1357	2.94	1.96	S

Table 8 shows that at 0.05 level of significance and 1357 the calculated Z 2.94 is greater than the critical Z 1.96. Therefore, the first null hypothesis is rejected. Then there is significant difference in the mean scores of educated and less educated women's knowledge on the nature of menopause

Table 9. Z-test on the women scores of educated and less educated women on the body changes in menopause

Source of variation	N	X	Sd	df	Cal.Z	Crit.Z	P \geq 0.05
Educated	504	27.92	9.86				
Less educated	855	26.88	9.80	1357	1.89	1.96	NS

Table 9 shows that at 0.05 level of significance and 1357df the calculated Z 1.89 is less than the critical Z 1.96. Therefore, the second null hypothesis is accepted. Then there is no significant difference in the mean scores of educated and less educated women's knowledge on the body changes in menopause.

Table 10. Z-test on the mean score of educated and less educated women on the physiological problems of menopause

Source of Variation	N	X	Sd	df	Cal.Z	Crit.Z	P \geq 0.05
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Educated	504	26.26	11.03				
				1357	0.59	1.96	NS
Less educated	855	26.16	10.21				

Table 10 shows that at 0.05 level of significance and 1357df the calculated t 0.58 is less than the critical Z1.96. Therefore, the third null hypothesis is accepted. Then there is no significant difference in the mean scores of educated and less educated women's knowledge on the physiological problems of menopause.

Table 11. Z – test on the mean scores of educated and less educated women on their attitude towards menopause

Source of Variation	N	X	Sd	df	Cal.Z	Crit.Z	P \geq 0.05
Educated	504	27.74	10.10				
				1357	1.33	1.96	NS
Less educated	855	27.01	9.73				

Table 11 shows that at 0.05 level of significance and 1357df the calculated Z1.33 is less than the critical Z1.96. The fourth null hypothesis is accepted. Therefore, there is no significant difference in the mean scores of educated and less educated women's attitude toward menopause.

Table 12. Z-test on the mean scores of married and unmarried women on the nature of menopause

Source of Variation	N	X	Sd	df	Cal.Z	Crit.Z	P \geq 0.05
Married	504	29.42	5.29				
				1357	17.34	1.96	S
Unmarried	855	22.57	9.17				

Table 12 indicates that at 0.05 level of significance and 1357 calculated Z 17.34 is greater than the critical Z1.96. Then the fifth null hypothesis is rejected. Therefore, there is significant difference in the mean scores of married and unmarried women's knowledge on the nature of menopause.

Table 13. Z-test on the mean scores of married and unmarried women on the body changes in menopause

Source of variation	N	X	Sd	df	Cal.Z	Crit.Z	P \geq 0.05
Married	504	29.68	9.32				
				1357	13.78	1.96	S
Unmarried	855	22.29	9.12				

Table 13 indicates that at 0.05 level of significance and 1357df the calculated Z 14.58 is greater than the critical Z 1.96. Therefore, there is significant difference in the

mean scores of married and unmarried women's knowledge on the body changes in menopause.

Table 14. Z-test on the mean scores of married and unmarried women on the physiological problems of menopause

Source of variation	N	X	Sd	df	Cal.Z	Crit.Z	P \geq 0.05
Married	504	28.86	10.06	1357	12.75	1.96	S
Unmarried	855	21.52	9.70				

Table 14 shows that at 0.05 level of significance and 1357 the calculated Z 12.75 is greater than the critical Z 1.96. The seventh null hypothesis is rejected. Therefore, there is significant difference in the mean scores of the married and unmarried women's knowledge on the physiological problems of menopause.

Table 15. Z-test on the mean scores of married and unmarried women's attitude towards menopause.

Source of variation	N	X	Sd	df	Cal.Z	Crit.Z	P \geq 0.05
Married	504	29.68	9.32	1357	13.78	1.96	S
Unmarried	855	22.29	9.12				

Table 15 reveals that at 0.05 level of significance and 1357df the calculated Z 13.78 is greater than the critical Z 1.96. The eighth null hypothesis is rejected. Therefore, there is significant difference in the mean score of married and unmarried women's attitude towards menopause.

Discussions of the Results

Knowledge of women towards menopause

The findings revealed that majority of the women have average knowledge of the nature of menopause and very few of them have good knowledge of the nature of menopause. Also 325 out of 1359 women studied have good knowledge of the body changes in menopause, while 498 of them have

poor knowledge of the body menopause. Again, 546 of the women have poor knowledge of the physiological problems of menopause, where 325 out of 1359 of the women studied have good knowledge of the physiological problems.

These findings agree with the views of former writers like Ekeh (2001) who asserted that the knowledge which women have about menopause varied because some understand it to mean when menstruation ceased to occur and some women see it as a period of

reproductive system termination. Ekelue (1998) stated that whatever the knowledge or understanding of women may be, the central issue of menopause revolves around the fact that it is a time when women ceases to experience menstruation and ovulation. Obikwelu (2003) observed that at a certain age of a woman the internal organ or system regulations star to decline which invariably results to external organ or system changes such as menstruation stoppage. He further stated that at the average age of 40 years among women menopause sets in unlike women in their 20's and 30's when the internal body system or organs are regulating well. Echizina (2004) maintained that menopausal women often complain of one physiological problem or the other such as serious pains during sexual intercourse, headache, hot flushes in their internal system, palpitations insomnia as well as stress and anxiety.

Attitude of women towards menopause

Up to 854 out of 1359 women have positive attitude towards menopause while 505 others have negative attitude towards menopause. This agrees with the views of Okorie (1996) who stated that women's attitude towards menopause varied greatly and that some women have erroneous and incorrect

attitude towards menopause. It is pertinent to state that many women become quarrelsome at this state as well as easily provoked at a slightest excuses.

Also found in this study were the facts that very high positive relationships exist between various aspects of the women's knowledge and attitude towards menopause. This shows that any enhancement on their knowledge toward menopause will affect their attitude towards it greatly.

It is important to state here that the differences in the knowledge and attitude of women towards menopause are more pronounced due to their marital status. Their levels of education have not much influence on their knowledge and attitude towards menopause.

Conclusion

Although some women have good knowledge of menopause, there is need for awareness creation or enlightenment on that. Besides, menopause imposed emotional and psychological problems for women especially for married ones without child as well as unmarried women who are still expecting to get married.

Recommendations

The researchers made the following recommendations:

1. Guidance counsellors and health workers should map out education programmes for women on menopausal issues and personal hygiene.
2. Guidance counsellors should establish community based clinics and counselling programmes to be able to reach more women in rendering their services.
3. Seminar, paper presentation, workshops and symposia should be organized for women generally especially during August meetings to educate them properly on all about menopause.

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