

**QUALITY OF LIFE OF WOMEN IN CLIMACTERIC
TRANSITION IN DELTA STATE**

BY

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(BMSP12/13/H/2528)

**A THESIS IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE AWARD OF MASTERS OF SCIENCE IN NURSING**

TO

THE DEPARTMENT OF NURSING SCIENCE

FACULTY OF BASIC MEDICAL SCIENCES

OBAFEMI AWOLOWO UNIVERSITY

ILE-IFE, OSUN STATE,

NIGERIA.

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2015

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DEDICATION

This work is dedicated to God Almighty by whose grace and divine providence I was able to carry out this study successfully. And to pious Mr. Richard Honda Okpan my dear dad who passed on very recently.

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ACKNOWLEDGEMENT

First and foremost, I appreciate God Almighty for His infinite mercy, protection, provision, guidance and strength bestowed upon me towards the success and fulfillment of this project work and my training. I also appreciate our dear Mother Mary, the mother of God for Her constant intercessions.

Special thanks to my indefatigable supervisor, Dr. (Mrs.) A.A.E. Olaogun, the HOD, Drs.(Mrs.) A. Ogunfowokon, the PG co-ordinator, Dr. Lola Irinoye, the Dean of BMS, Prof. K. Fajemileyin, Dr. E.O. Ayandiran, Dr. Olowokere, other academic and non academic staff of the Nursing Science Department, for their love and effort to see to the completion of my studies. Thank you all for your support and encouragement. May the good Lord bless you all.

My profound gratitude to my loving, caring, supportive and understanding husband, Mr. P. O. Oyibocha, my family members, Mrs. U.J. Mukoro, Rev. Frs., Austin Eruotor, AB Oyibocha and Iroro Igben. My colleagues and friends in the office, Princess A. Omeru-Akwara, Mrs. J. Agara, Mrs. M. Onakpoya, Mrs. H. Popo, Ejiro Ikenyo, Nelson Otunowigho, L.E. Akpiri and host of others. God bless you all. To all my classmates especially Femi Oyediran and friends out there, I say thank you for everything and may God grant all your heart desires.

Finally to my roommate, pious Mrs. Tosin Ogundide-Essien, my formal boss, Mrs. Elizabeth Okiemute O. Sagua and my mother in-law, Mrs. Rebecca B.O. Oyibocha of blessed memory, rest on in the holy bosom of the Lord.

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ABSTRACT

This study was conducted to investigate the age range of Delta State women at the onset of menopause, identify the specific symptoms experienced by the women during the menopause transition, assess the quality of life of the women in climacteric phase; and examines the relationship between selected demographic variables (age, income and educational level) and the women's quality of life (QoL) with a view to provide information on improving the QoL of midlife women.

A mixed method descriptive design was adopted. Using a multistage sampling technique, 405 subjects were selected to participate in the study. Sample units were selected from six (6) local government areas of Delta State for the quantitative study. While twelve (12) midlife women (2 from each local government area) were purposively selected for the qualitative aspect of the study. Inclusion criteria include midlife women within the age range of 45 to 60 years who are heterosexual and have been menstruating actively prior to eventual gradual cessation of menses. Three validated instruments were used for data collection. They are (i) Menopause-Specific Quality of Life (MENQoL) that was used to assess menopausal symptoms of the subjects within four domains which are: vasomotor, psychosocial, physical and sexual. (ii) Utian Quality of Life (UQoL) questionnaire used to measure the degree of quality of life concerns of the subjects were used to collect quantitative data. And (iii) In-depth interview guide for assessing menopausal experiences and their effect on QoL to collect qualitative data. Quantitative data was analyzed using descriptive and inferential statistics while qualitative data was analyzed using content analysis and triangulation methods.

Results reveal that the age range reported by subjects for onset of menopause was 40 – 60 years with mean 50.25 ± 4.8 . The most prevalent identified symptoms of menopause experienced by the

x

respondents; (i) Vasomotor symptoms were - profuse sweating during the day (67.9%), sweating at night (66.9%) and hot flushes (62.2%). (ii) Psychosocial symptoms - accomplishing less work than they used to do before (67.7%), poor memory (57 %) and feeling of being anxious or nervous (52.6%). (iii) Physical symptoms were - decrease in stamina (75.1%), difficulty in sleeping (65.7%), weight gain (60.5%), and aching in the muscle and joint (59.5%). Sexual symptoms were - changes in their sexual desire (71.6%), dryness in vaginal during intercourse (66.9%) and trying to avoid intimacy (53.8%). Subjects had good QoL in the occupational (84.2 ± 3.86), emotional (83.9 ± 4.88) and health (75.0 ± 6.07) domains while they had fair QoL in the sexual domain (66.3 ± 9.54). Multiple regression test shows that there is significant relationship between the highest level of education attained ($p= 0.001$, $\beta =0.271$) with the women's overall QoL. The regression also reveals that there is significant association between the symptoms of sexual domain ($p= 0.045$, $\beta =0.115$) with the women's overall QoL.

This study concluded that even with the moderate problems the women experienced, they did not necessarily find the symptoms bothersome as their QoL was generally good. The highest level of education attained and symptoms of sexual domain had strong relationship with the respondents overall QoL.

Supervisor: Dr. (Mrs.) Adenike A.E. Olaogun

Number of pages: 93.

CHAPTER ONE

1. INTRODUCTION

1.1. BACKGROUND TO THE STUDY

The overall health status of women approaching the climacteric phase has become a major public health concern around the globe as many midlife age women experience various distressing symptoms resulting in decrease in their quality of life (QoL). The climacteric phase or change of life is the phase of life during which a woman passes from reproductive to non reproductive stage which can last from six months to three years (Sembulingam & Sembulingam, 2010). More than 80% of mid-aged women near the climacteric transition period often experience physical and psychological symptoms with various degrees of distress which decreases their QoL (Whelan, Goss, Ingle, Pater & Pitchard, 2005).

Globally, almost 400 million women within the range of 45 to 54 years are in the climacteric phase of life and by the year 2015 to 2020, nearly 500 million women will be entering the menopausal transition period (United States Census Bureau, 2010). This can be attributed to medical advances accompanied with issues related to QoL (Lund, 2008). In Nigeria with a total female population of approximately 59.5 million, about 5 to 8% (2.9 to 4.7 million) are already in their postmenopausal period with a large proportion gainfully employed and still contributing to the economic development of the country (Federal Republic of Nigeria [FRN] Population and Housing Census, 2006). In Delta State, women constitute 2,043,136 (approximately 2.04 million), and about 15% (306,470) are within the climacteric period (National Population Commission [NPC], Asaba, Delta State office, 2013).

The term menopause originated from the Latin word *mensis* meaning "month" and the

Greek word *pausis* meaning "to cease" (Basavanthappa, 2011). Menopause is the period when there is stoppage of ovarian function in women accompanied by cessation of menstruation and childbearing. Nettina (2010) described menopause as the physiological cessation of menstruation for twelve calendar months. However, the experience of menopause is unique and personal for every woman (Miller & Keane, 2003). This period in the woman's life is a gradual and a natural physiological process often referred to as peri-menopause or climacteric and most recently, menopausal transition (Coney, 2011 cited in Ricci, 2013). The concept of the climacteric transition used in this study has these phases - peri-menopause, menopause and post-menopause which agree with the National Institute on Aging National Institutes of Health U.S. Department of Health and Human Services (2013) and Murphy, Phillips, Hall and Brooks, 2011).

A number of symptoms are experienced by women during the climacteric transition. These include; hot flashes/flushes; night sweats; vaginal dryness, contraction with shallower folds; thinning of pubic, axillary and head hair; inability to sleep, mood swings. Other changes are decreased cervical size, uterine cavity and tubes; smaller clitoris and the breasts becoming less full and firm. Also, memory problems, dry, thin skin and decreased collagen levels, more abdominal fats, cystitis, fatigue, nervousness, urinary disturbances such as increased frequency and emotional outburst like shedding of tears and anger (Sembulingam & Sembulingam, 2010; Miller & Keane, 2003; Nettina, 2010; Smeltzer, Bare, Hinkle & Cheever, 2010). Some women reported forgetfulness, feelings of panic, weight gain, irritability and dyspareunia (discomfort during intercourse) (Nusrat & Nisar, 2009; Lund, 2008). There is also increased vaginal pH predisposing the women to bacterial infections and atrophic vaginitis (Smeltzer et al, 2010). Various studies equally revealed that, many women experience minimal distress during the

transition period. Some women experience a decreased quality of life which is due to these distressful symptoms (Avis, Colvin, Bromberger, Hess, Matthews, Ory, & Schocken, 2009).

In Europe and North America, hot flushes is reported as the most common symptom of menopause, affecting around 70% of women and persisting on average for 2–5 years, although some 20% continue to flush into their 70s and 80s (Andrikoula & Prelevic, 2009). By comparison, there are relatively unreported symptoms in Japanese populations, affecting between 5–18% women (Freeman & Sherif, 2007). One will therefore infer that there may be ethnic variations to the climacteric transition experiences and quality of life of women even though there is a striking consistency in the age across the geographic and cultural groups.

Important morbidity issues associated with the transition include; osteoporosis and fractures due to decreased estrogen levels which ordinarily help to build and maintain bones and increased risk of cardiovascular disease (Miller & Keane, 2003; Ricci, 2013). Hence women approaching climacteric transition phase of life often present concerns about their health based on a possible family history of osteoporosis, cancer and/or heart diseases (Smeltzer et al, 2010).

Treatment during the climacteric transition has raised concerns for health care providers (Theroux, 2010; Writing Group for the Women's Health Initiative [WHI], 2002). This is because; such women often seek the support and assistance of the health care providers. Management of these symptoms then should be individualized as symptoms vary with every woman. However, management and prevention of the hazards requires regular exercises which help to stimulate the production of endorphins, which increase one's sense of well-being, improve circulation and help prevent osteoporosis. In addition, limitation of foods high in saturated fat and nitrites, avoiding red meat, coffee, chocolate and alcohol. The use of prescribed drugs like vitamins E, D, and the B complex, calcium gluconate or carbonate and

magnesium have been found helpful (Smeltzer et al, 2010; Nettina, 2010; Copstead & Banasik, 2005; Miller & Keane, 2003; Walsh, 2002).

Another important form of management in women with several symptoms and/or health disorders, is the Hormonal Replacement Therapy (HRT) though it may not be suitable for all women. The

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