

Perceptions, Experiences and Household Activities of Menopausal Rural Women in Yewa North Local Government Area, Ogun State, Nigeria

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Abstract

Menopause is a physiological event that occurs in all women who reach midlife and can affect their lifestyle in varying degrees. This study sought to obtain descriptive data on the perceptions, experiences and household activities of menopausal rural women and how it affected their household activities in Yewa North Local Government Area (LGA) of Ogun State, Nigeria. The study adopted the descriptive qualitative survey design. Multi-stage sampling technique was used to select one hundred and seventy (170) rural menopausal women from ten least developed communities of Yewa North LGA for the study. Data collected through questionnaire were analysed using frequency counts and percentages. Result indicated that most respondents (84.8%) reported that they become forgetful because of menopause. Also, majority (85.4%) of respondents experienced hot flushes between 30 seconds to 10 minutes. Result revealed that most(61.4%) respondents were not active in their daily activities, therefore, usually seek for help. In conclusion, menopause had a negative influence on the extent of performance of household activities of the menopausal rural women. It was recommended that the outcome of this study should be used as a springboard for advocacy and intervention for this group of rural women. Further studies should be carried out on menopause to cover other rural communities.

Keywords: *influence, menopause, household, daily activities, rural women, Nigeria*

Introduction

Women constitute a larger portion of the world population, many of whom live in rural communities (United Nations Educational Scientific and Cultural Organisation [UNESCO, 2010]). Irrespective of their location, women experience difficulties in bodily functions at different stages of their growth and development. These difficulties experienced by women can be because of acute stress due to loss of a loved one, menstruation, headaches, bowels pain, depression, menopause and other stress that may be invisible to people who are not experiencing it (Olson, 1988). With the increase in the life expectancy, a woman spends almost a third of her life in menopause (UNESCO, 2010). The transition from the reproductive to the non-reproductive stage is the result of a reduction in the female hormonal production by the ovaries. This transition is normally not sudden or abrupt, it tends to occur over a period of years and it is a natural consequence of ageing. However, for some women, the accompanying signs and effects that can occur during the menopause transition years can significantly disrupt their daily activities, sense of well-being, and relationship with others (Greene & Cooke 1998).

Numerous physical and psychological symptoms have been attributed to the hormonal changes of menopause (Bruce & Rymer, 2009). The overall health and well-being of middle aged women have become a major public health concern around the world. More than 80% of women experience physical or psychological symptom in the years when they approach menopause with various distress and disturbance in their lives, leading to a decrease in the quality of life (Rousseau, 1999).

Menopause is defined as the point at which women have ceased menstruating for a period of 12 months or more: it is a universal experience for all women, assuming they reach their mid-50s (Utian, 2004). For this study, menopause was considered as a major problem faced by women. It should be noted that, every woman experiences her mid-life years differently. The changes that occur during this period, including changes in sexual well-being, are typically caused by a mix of both menopause and ageing, as well as by typical mid-life stress and demands. According to Singer and Hunter (1999), menopause is a “term used to describe the permanent cessation of primary function of the human ovaries, the ripening and release of ova and the release of hormone that caused both the creation of the uterine lining which is known as the menses or the period. Also, Mohile (2003), define menopause as a physiological endocrinopathy occurring due to cessation of ovarian function. The term means a natural end to fertility that occurs before the end of the natural lifespan.

Menopause is notorious for its accompanying problematic symptoms that most women may experience, although, the symptoms differ from one woman to the other. Meanwhile, at this crucial stage of women’s life, marriage tends to break because men feel women are less important and no more useful to them, especially in Nigeria (Yoruba culture), where husbands seek or look out for younger wives, which takes away intimacy and increase probability of conflicts. There is a general perception that menopause is associated with negative physical and psychological symptoms. Adequate knowledge and better understanding about menopause by women lead to a positive attitude toward this natural stage in life (Rikhotso, Makuwa & Mulaudzi, 2015). For example, Dennerstein and Shelly (1998) found that the majority (55 -72%) of middle-aged women reported that they experienced positive mood for most times. This was related to finding of Philips and Rakusen (1999) that only a minority of woman experience menopause-related problem that may interfere with daily life, requiring medical treatment. In certain women, the changes that occur during the menopause transition years can significantly disrupt their daily activities and their sense of well-being. These may include irregular menses, vasomotor instability (hot flushes and night sweats), genitourinary tissue atrophy, increased stress, breast tenderness, vaginal dryness, forgetfulness, mood changes and sometimes osteoporosis and heart disease (Sekhon & Agarwal 2013). The extent of women’s experience of emotional disturbance such as depression and mood changes varies in the literature while there is limited study on women from minority groups. Most of the women studied by Ballard (2003), who are mainly white, experienced emotional problems. However, some of the women experienced loss of self-esteem, suggesting that hormonal changes affect their confidence (Ballard, 2003). Polit and LaRocco (1980) reported that 70% of women experience hot flushes and 40% experience other physical symptoms such as fatigue, irritability and forgetfulness. However, the extent of these symptoms varied from individual to individual and it was not clear whether the psychological and emotional problems were related to the menopause.

However, the majority of women report that they experience menopause symptoms, and a significant minority report that these are severe (Nelson, 2008). For example, approximately three-quarters of women report hot flushes and night sweats at menopause, and up to one-fifth of these women perceive them to be severe and problematic (Bruce & Rymer, 2009; Dennerstein, Dudley, Hopper, Guthrie, & Burger, 2000; Nelson 2008).

Mohile (2003) clinically stated that menopause is a retrospective diagnosis. Worldwide, the age of natural menopause is between 45 and 55 years and the mean age being 50. It should be noted that no two women react to menopausal changes in the same way. The social, cultural background, emotional and physical health and a woman’s beliefs about menopause play an important role on her acceptance of this change in her life. In a survey conducted by International Health Foundation (IHF, 1973) on attitude to the setting in of menopause in several European countries stated that menopause marks the beginning of old age. Seventy-four percent of

women in Britain disagree with this. In other countries, the amount of disagreement was less, but overall, the majority did not concur. Therefore, menopause and health are two important parameters of quality of life. A study conducted by Gaugris, Heaney, Boonen, Kurth, Bentkover and Sen, (2005) in Kolkatta showed that the most prevalent symptoms of menopause were joint pain (mostly of knee joints), memory impairment, anxiety and weight gain, hot flushes. Bungay, Vessey and McPherson, (1980) found that there is decrease in headache as a symptom from age 40 and above. Also Singer and Hunter (1999) reported incidence of hot flushes to be about 74% among women in Scotland.

Certainly, work in and of itself is potentially of great value to individuals, families, and societies. On the negative side, however, the relatively recent trend toward greater participation of women in paid employment has diversified and dispersed women's work, with the result that women now often juggle multiple responsibilities in various settings, including their households, workplaces, and communities (United Nations [UN,1995];[Gjerdingen, McGovern, Bekker, Lundberg,&Willemsen, 2000](#)).

Women's attitude to menopause may impact on the experience of menopause. For example, women who held negative menopause beliefs (e.g. menopausal women are unattractive) before attaining to menopause were more likely to experience depression (Hunter,2002) and worse menopause symptoms (Bowles,1986; Rotem,Kushnir, Levine, &Ehrenfeld, 2005). Women who expected to experience worse vasomotor symptoms (e.g. more hot flushes) later reported higher levels of depression, whereas women who expected menopause to be a positive and/or beneficial experience reported less depression and fewer somatic symptoms(Bowles,1986; Rotemet *al.*, 2005). Moreover, in a psycho-education intervention using a quasi-experimental design, women who participated in the psycho-education sessions reported more positive attitudes to menopause and a reduction in symptoms, when compared to their own baseline scores and control group scores (Rotemet *al.*, 2005).

Relatively few studies have systematically evaluated relationships between stress, psychological distress (i.e. anxiety, depression) and menopause symptoms and their results are not wholly consistent (Bauld& Brown, 2009). Also, not many studies have evaluated relationships between other related psychosocial factors (e.g. social support, coping, emotional intelligence), cognitive factors (e.g. attitude to menopause) and menopause symptoms (Hunter, 1996; Lachman, 2004). Depression and menopause have previously been linked in the literature, but there is limited supporting evidence (Matthews,1992). For example, a 5-year observational study of 2,565 women aged 45 to 55 found no association between menopausal status and depression, although women with a longer peri-menopause (greater than 27 months) experienced more depressive symptoms (Choi, 2001). High stress and anxiety levels have been reported to potentially worsen the somatic symptoms of menopause (Glazer, Zeller, Delumba,[Kalinyak, Hobfoll, Winchell, &Hartman,2002](#)). Having considered the symptoms and statistics on the effect of menopause on women in other lands, the researchers sought to obtain descriptive data on the perceptions, experiences and effects of menopause on rural women's household activities in selected local communities of Yewa North Local Government Area (LGA) of Ogun State, Nigeria. It is the desire of LGAs in Nigeria to realise the Sustainable Development Goal 3 which is to ensure healthy lives and promote well-being for all people of all ages. The data obtained in this research may provide basis for intervention among the rural dwellers of which women constitute a significant percentage. The result will be useful to health and social workers as well as Counsellors and rural women for the improvement of their quality of life.

Research Questions

Four (4) research questions (RQ) were formulated to guide this study:

- (1) What are the problems associated with menopause as perceived by menopausal rural women in Yewa North LGA, Ogun State?
- (2) What are the symptoms of menopause as perceived by menopausal rural women in Yewa North LGA, Ogun State?
- (3) What are the attitudes of menopausal rural women towards menopause?

- (4) What are the perceived effects of menopause on general lifestyle and household tasks of menopausal rural women?

Methodology

The study was conducted at Yewa North LGA, formerly EgbadoNorth LGA, in the West of Ogun State, Nigeria. Yewa North LGA is one of the twenty LGAs in Ogun State. The local government area is bounded in the west by Republic of Benin, in the south by Yewa South Local Government Area and in the north by Oyo State. Its headquarters is located at Aiyetoro at [7°14'00"N 3°02'00"E](#) in the north-east of the LGA. It has an area of 2,087 km² and a population of 183,844 (National Population Commission, NPC 2007).The study adopted the descriptive survey design to explore the influence of menopause on household activities of rural women in Yewa North LGA of Ogun State, Nigeria. The population of this study included all the menopausal women in Yewa North LGA, Ogun State, Nigeria.Multi-stage sampling technique was used for the selection of respondents. At the first stage, simple random sampling technique (ballot system) was used to select Yewa North LGA out of the 20 LGAs in Ogun State. At the second stage, simple random technique (ballot system) was used to select 10 out of 25 least developed communities in Yewa North LGA of Ogun State. One hundred and seventy (170) rural menopausal women were purposively selected from the randomly selected ten least developed communities in the LGA, which were MosanYewa, Ebute-IgbooroYewa, IguaYewa, Iboro, Sawonjo, Joga-Orile, Igan-okoto, IganAlade, Imasai, and Idofio, for this study. Selection from the least developed communities was done to ensure the respondents qualify to be considered as rural women. Out of 170 sampled respondents, twelve did not complete their questionnaires. A structured questionnaire was the instrument used to collect data from the respondents. The questionnaire was content validated by expert judgment and tried out on selected respondents for reliability purpose. A Cronbach’s Alpha reliability coefficient of 0.75 was obtained. Data were analysed using descriptive statistics such as frequency counts and percentages.

Results

Demographic Characteristics of Respondents

The demographic characteristics of the respondents were obtained from respondents’ information in the questionnaire. Summary is given in Table 1.

Table 1. Demographic Characteristics of the Respondents

| Variables | Frequency | Percentages (%) |
|---------------------------|------------------|------------------------|
| Age | | |
| 45-50 | 37 | 23.4 |
| 51-55 | 23 | 14.6 |
| 56-60 | 39 | 24.7 |
| 60 and above | 59 | 37.3 |
| Marital status | | |
| Married | 88 | 55.7 |
| Divorced | 31 | 19.6 |
| Widow | 39 | 24.7 |
| Family Background | | |
| Monogamy | 88 | 55.7 |
| Polygamy | 53 | 33.5 |
| Extended family | 17 | 10.8 |
| Level of education | | |
| Primary | 86 | 54.4 |
| Secondary | 37 | 23.4 |
| Tertiary | 35 | 22.2 |
| Types of Trade | | |
| Food stuff/farm produce | 84 | 53.1 |

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| | | |
|-------------------------------|-----|------|
| Provisions/soft drink | 29 | 18.4 |
| Clothing material | 22 | 13.9 |
| Traders | 23 | 14.6 |
| Number of children had | | |
| 1-3 | 100 | 63.3 |
| 4-6 | 26 | 16.5 |
| 6 and above | 32 | 20.2 |

Table 1 shows that 37.3% of the women were within the age bracket of 60 and above, 27.7 % were within 56 – 60years, 23.4% within 45 – 50years and 14.6 within 51 – 55years of age. A higher percentage of the respondents were married (55.7 %), few were divorced (19.6%) and 24.7% were from monogamous families while 33.5% were from polygamous families. It further revealed that 54.4 % of the respondents have primary education, 23.4% secondary and 22.2% tertiary education. In considering the trade of the respondents, 53.1% of the respondents were into selling of food-stuff/farm produce, 18.4% sell provision/soft drinks, 13.9% trade in clothing materials and 14.6% were traders in various commodities. Most (63.3%) of the respondents indicated that they have between 1 – 3 children, 20.2% have 6 and above and few (16.5%) have between 4-6 children respectively.

RQ1: What are the problems associated with menopause as perceived by menopausal rural women in Yewa North LGA, Ogun State?

This question was answered with data from respondents on the problems associated with menopause as perceived by them. Summary is given in Table 2.

Table 2. Frequency analysis of problems associated with menopause as perceived by the menopausal rural women

| Statements | SA (%) | A (%) | D (%) | SD (%) |
|---|---------------|--------------|--------------|---------------|
| I always become forgetful since menopause sets in | 86 (54.4) | 48 (30.4) | 15 (9.5) | 9 (5.7) |
| I noticed that I gained weight | 11(7.0) | 48 (30.4) | 60 (38.0) | 39 (24.7) |
| I often feel pain when having sex | 15(9.5) | 98 (62.0) | 36 (22.8) | 9 (5.7) |
| I often feel depressed since menopause has set in | 41 (25.9) | 63 (39.9) | 43 (27.2) | 11 (7.0) |
| I do feel pain in my bones | 43 (27.2) | 76 (48.1) | 27 (17.1) | 12(7.6) |
| I have problems in holding urine long enough to get to the bathroom | 50 (31.7) | 47 (29.7) | 48 (30.4) | 13 (8.2) |
| I wake up early | 76 (48.1) | 47 (29.7) | 27 (17.1) | 8 (5.1) |
| I am less interested in having sex | 55 (34.8) | 76 (48.1) | 20 (12.7) | 7 (4.4) |
| I appear unattractive i.e. irritable to my husband | 48 (30.4) | 31 (19.6) | 68 (43.0) | 11 (7.0) |
| My joints and muscles feel stiff and achy | 36 (22.8) | 86 (54.4) | 27 (17.1) | 9 (5.7) |
| I develop or noticed high blood pressure | 23 (14.6) | 69 (43.7) | 34 (21.5) | 32(20.2) |

Table 2 reveals that 84.8% of the respondents stated they become forgetful since menopause has set in while only 15.2% disagreed. Table 2 also indicated that the highest percentage of respondents (71.5%) agreed that they often feel pain when having sex while a total of 28.5% disagreed. In the expression of their feelings, a total of 65.8% respondents agreed that they feel depressed when menopause sets in while a total of 34.2% disagreed. Also, 75.3% agreed that they feel pain in their bones while 24.7% disagreed. Result further showed that 61.4% agreed that they have problem holding urine long enough to get to the restroom while only 38.6% disagreed. Result indicated that 82.9% of respondents feel less interested in having sex.

However, result revealed that respondents were divided equally on the question of attractiveness to their husbands when menopause sets in since 50% of the respondents agreed that they were unattractive to their spouses. Result also indicates that 77.2% of respondents stated that their joints and muscles feel stiff and achy. Lastly, result showed that 58.3% of respondents developed or noticed high blood pressure at the onset of menopause while 41.7% disagreed.

RQ2: What are the symptoms of menopause as perceived by menopausal rural women in Yewa North LGA, Ogun State?

This question was answered with data from respondents on the symptoms of menopause as perceived by them. Summary is given in Table 3.

Table 3. Frequency analysis of perceived symptoms of menopause affecting household activities of menopausal rural women

| Statements | Yes (%) | No (%) |
|--|----------------|---------------|
| I sweat a lot at night | 58 (36.7) | 100 (63.3) |
| I experience hot flushes between 30 seconds to 10 minutes | 135 (85.4) | 23 (14.6) |
| I usually experience nightmare | 92 (58.2) | 66 (41.8) |
| Dryness of vaginal usually occur | 82 (51.9) | 76 (48.1) |
| I experienced restlessness | 106 (67.1) | 52 (32.9) |
| I often feel some strange movement in my body | 130 (82.3) | 28 (17.7) |
| My menstrual period is shorter and lasts fewer than 5 days | 99 (62.7) | 59 (37.3) |
| My menstrual period lasts for a week | 49 (31.0) | 109 (69.0) |
| I usually have heavy bleeding during my menstrual period | 29 (18.4) | 129 (81.6) |
| Sweat wakes me from sleep | 76 (48.1) | 82 (51.9) |

Table 3 reveals that 85.4% of the respondents experienced hot flushes which lasts between 30 seconds to 10 minutes. Findings indicate that 67.1% agreed they observed restlessness, 82.3% observed they often feel some strange movement in their body, while 62.7% noted that their periods are shorter than 5 days when menopause sets in. But, on the other hand, findings from Table 3 indicate that 63.3% respondents do not sweat a lot at night, 81.6% do not usually have heavy bleeding while 69.0% have their menstrual period which do not last for a week.

RQ3: What are the attitudes of menopausal rural women towards menopause?

This question was answered with data from respondents on their attitudes towards menopause. Summary is given in Table 4.

Table 4. Distribution of respondents on perceived attitudes of menopausal rural women towards menopause

| Statements | Yes (%) | No (%) |
|--|----------------|---------------|
| I feel comfortable with menopause | 53 (33.5) | 105 (66.5) |
| I am not happy with the cessation of my menstruation | 137 (86.7) | 21 (13.3) |
| I feel like I have lost my femininity | 122 (77.2) | 36 (22.8) |
| I am no more very active in my daily activities | 64 (40.5) | 94 (59.5) |
| Menopause makes me ignore household tasks | 76 (48.1) | 82 (51.9) |
| Menopause makes me feel weak | 84 (53.2) | 74 (46.8) |
| I feel like I have lost my sexual urge | 121 (76.6) | 37 (23.4) |
| I seek medical attention as to physical and psychological problems | 58 (36.7) | 100 (63.3) |

Table 4 shows that 86.7% of the respondents said they were not happy with the cessation of their menstruation because it is a stage of stress, 77.2% said they feel like they have lost their femininity, 53.2% said menopause makes them feel weak, 76.6% said they feel like they have lost their sexual urge. On the other hand, 66.5% said they do not feel comfortable with menopause, 59.5% said they are not active in their daily activities. Also, findings from this study show that 51.9% of the respondents do not ignore household tasks because of menopause, and 63.3% do not seek medical attention as to physical and psychological problems while 36.7% respondents do.

RQ4: What are the perceived effects of menopause on general lifestyle and household tasks of menopausal rural women?

This question was answered with data from respondents on the perceived effects of menopause on their general lifestyle and household tasks. Summary is given in Table 5.

Table 5. Frequency analysis of perceived effects of menopause on general lifestyle and household tasks of menopausal rural women

| Statements | Yes (%) | No (%) |
|---|----------------|---------------|
| I relate/interact well with my husband | 107 (67.7) | 51 (32.3) |
| I eat less | 114 (72.2) | 44 (27.8) |
| I eat more | 55 (34.8) | 103 (65.2) |
| I feel bore when it comes to washing clothes | 86 (54.4) | 72 (45.6) |
| I feel uncomfortable cooking | 81 (51.3) | 77 (48.7) |
| I feel uncomfortable sweeping and keeping the environment clean as before | 112 (70.9) | 46 (29.1) |
| I relate less with my friends and relatives | 81 (51.3) | 77 (48.7) |
| I feel unhealthy (e.g headache, joint pains, e.t.c) | 132 (83.5) | 26 (16.5) |
| I seek for house help | 97 (61.4) | 61 (38.6) |
| I have unexplainable feelings in my body. | 133 (84.2) | 25 (15.8) |

Table 5 shows that 67.7% of the respondents said they relate/interact well with their husbands, 72.2% respondents eat less, while 54.4% feel bored when it comes to washing clothes. Moreover, the result reveals that 51.3% respondents feel uncomfortable cooking, while 70.9% feel uncomfortable sweeping and keeping the environments clean as before. Results also indicate that 51.3 % respondents relate less with their friends and relatives, while 83.5% feel unhealthy, such as having headache, and joint pains.

Discussion

This study sought to obtain descriptive data on the perceptions, menopausal experiences of rural women and how it affects their household activities in YewaNorth LGA of Ogun State, Nigeria. Most of the respondents (38%) in Table 1 lie within the age bracket of 45 to 55 years which is in line with the findings of Mohile (2003) who reported that “worldwide, the age of natural menopause is between 45 and 55 years with the mean age being 50”. Also, it is in agreement with the study of Gold, [Colvin, Avis, Bromberger, Greendale, Powell, Sternfeld, & Matthews](#) (2006) who posited that “menopause is related to old age of women”.

RQ1: What are the problems associated with menopause as perceived by menopausal rural women in Yewa North LGA, Ogun State?

Majority (84.8%) of the menopausal rural women experience forgetfulness, which supports the findings of Polit and LaRocco (1980) that “women experience other physical symptoms such as fatigue, irritability and forgetfulness during menopausal stage”. In the expression of their feelings, majority (65.8%) of the respondents feel depressed, which also agrees with the study of Ballard (2003) that “women experience emotional disturbance such as depression and mood changes during the menopausal stage”. Among the rural women, even though they engage in rigorous farm work and other household chores, many reported that their joints and muscles feel stiff and achy, which is in line with the study of Gaugriset *al.* (2005). The respondents were divided equally on attractiveness to their husbands. This may not be unconnected with the claim in literature that menopause is both psychological and physiological phenomena in women (Rousseau, 1999; Mohile, 2003), and their feelings might have been viewed from both sides of the phenomena.

RQ2: What are the symptoms of menopause as perceived by menopausal rural women in Yewa North LGA, Ogun State?

Most respondents (85.4%) experienced hot flushes, which agrees with the findings of Polit and LaRocco (1980) who reported that “70% of women experienced hot flushes during menopause”. Also, Singer and Hunter (1999) reported incidence of hot flushes to be about 74% among women in Scotland. Symptoms that have been shown

to be associated with oestrogen deficiency after the menopause are hot flushes and night sweats, insomnia and vaginal dryness (Rödström, Bengtsson, Lissner, Milson, Sundh, & Björkelund, 2002).

RQ3: What are the attitudes of menopausal rural women towards menopause?

The study found that most respondents (66.5%) do not feel comfortable with menopause and 61.4% respondents were not active in their daily activities, which conforms with the findings of Sekhon and Agarwal (2013) that “in certain women, the changes that can occur during the menopause transition years can significantly disrupt their daily activities and their sense of well-being”. However, majority (63.3%) of the menopausal rural women do not seek medical attention, which is in line with the study of Philips and Rakusen (1999) which posited that “only a minority of women experience menopause related problem requiring medical treatment”. The fact that they do not seek medical attention may be due to lack of adequate enlightenment programme on the kind of medical care that is available to this category of rural women and the cost of medical care may also be unaffordable to the respondents considering the types of trade they engaged in (see Table 1).

RQ4: What are the perceived effects of menopause on general lifestyle and household tasks of menopausal rural women?

Majority (83.5%) of respondents feel unhealthy, and experience headache and joint pains; these feelings affected their daily activities, which agrees with the study of Bruce and Rymer (2009) that identified symptoms of menopause as a stage where women have joints pains, mostly at their knees.

Conclusions and Recommendations

The study concluded that the major problems of menopause among rural women were forgetfulness, loss of interest in sex, pain in bones and joints, pain during sex and depression in descending order. It can also be concluded that the major problems of menopause which had negative influence on the daily activities of rural women include feeling unhealthy, inability to relate well with spouse, sweeping, washing cloths and plates, and keeping the environment clean.

It is therefore recommended that:

- i. Adequate enlightenment programmes and training on preparation towards the onset of menopause should be organised for rural women by healthcare providers in the rural areas of Yewa North LGA and Ogun State in general. These should include the management of physical and psychological problems associated with menopause and women should also be sensitized on the importance of attending health related conferences or seminars,
- ii. The outcome of this study should be used as a springboard for advocacy and intervention for this group of rural women in the quest to realise the Sustainable Development Goal 3 which is to ensure healthy lives and promote well-being for all people of all ages, and
- iii. Further studies should be carried out on menopause to cover the entire rural communities in Ogun State, Nigeria.

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