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Menopausal Symptoms and Quality of Life among Women in Otun Community of Moba Local Government Area, Ekiti State

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Abstract:

During menopause, there is a lot of fluctuation in the hormone levels making the peri and postmenopausal women susceptible to various mental and physical disorders. There is considerably lack of awareness about the effects of the menopausal symptoms on women in Otun community. A high percentage of menopausal and perimenopausal women suffer symptoms that deteriorate their quality of life (QoL) significantly. With this background, this study was carried out in a rural area of Moba local government with the objective to assess the impact of menopausal symptoms and the quality of life of women in Otun community of Moba local government area, Ekiti State. This study utilized cross-sectional method conducted among 192 menopausal women selected using Multi stage sampling technique. The data-collection tools adopted were the WHO Quality of Life-BREF (WHOQOL-BREF) and the Menopause Rating Scale (MRS). Data were analyzed using Statistical Package of Social Science (SPSS) version 28. Each of the research questions were answered using descriptive statistics of mean and standard deviation, while the hypotheses were tested using Pearson correlation coefficient at 0.05 level of significance. Findings show that most of the participants had a moderate experience of menopausal symptoms (69.8%). It was also revealed that age, educational status, occupation and age at menopause had a positive correlation with menopausal symptoms with correlation coefficient of (age = 0.591, marital status= .328, educational status = .134, occupation = .062 and age at menopause= .391) but were statistically significant (age= $p<0.05$, t= 15.311, marital status= $p<0.05$, t=-8.107; educational status= $p<0.05$, t=-

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3.984;occupation=p<0.05, t=0.87 and age of menopause = p<0.05, t=10.311). The study concluded that difficulty sleeping, aching in muscles and joint, changes in sexual desire, low back pain, hot flushes, and flatulence were the most severe menopausal symptoms experienced by these women.

Keyword: Menopause, Menopausal symptoms, Quality of life (Qol), Women,

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Introduction

Different physical and behavioural changes may impact women's health when they enter menopause. Recent years have seen a steady rise in the incidence of certain diseases in both developed and emerging nations, highlighting the quality of persons being proactive about their health and aware of the risky behaviours that can deprive them of a fulfilling life (QoL). Thus, it is crucial for the modern healthcare system to have a grasp of how menopause affects the quality of life of middle-aged women (Calvo, 2013).

More than 1.5million women experience menopause transition every year in Nigeria (Nisar and Sohoo, 2017). (Nisar and Sohoo, 2017). It has been noted that during the perimenopausal and early postmenopausal years, women experience a significant decline in their quality of life. Challenges in physical health and social norms can stand in the way of a woman's pursuit of her best health as she nears menopause. There is serious cause for alarm regarding middle-aged women hailing from emerging nations. The stigma surrounding menopause only adds to the difficulties women life during this time in their lives (Grady & Barrett-Connor, 2018).

Multiple physiological changes in the body contribute to the onset and maintenance of menopausal symptoms, which have been shown to negatively impact quality of life. The increasing number of women experiencing menopause need better methods of menopause treatment in order to maintain or improve their current quality of life. Women are living through menopause and ovarian failure for longer periods of time due to the rising life expectancy in most civilizations. Menopause is a pivotal time in a woman's life since it signifies the end of her reproductive years and is linked to a wide variety of health issues, including those related to her sexuality, vasomotor functioning, and mental health. Menopause is characterised as the end of menstruation for good, as ovaries produce fewer eggs as they age. Amenorrhea for a full year is considered diagnostic of natural menopause. Lowered levels of oestrogen and progesterone, along with increased levels of follicle-stimulating hormone (FSH) and luteinizing hormone (LH), trigger this transition (Gartoulla, et al., 2016).

When asked about their menopausal symptoms, women from different parts of the world give widely varying accounts in scientific research. If a woman goes 12 months without having her periods, we say she has entered menopause. The climacteric period is marked by a drop in ovarian activity, a decline in likely fertility and the emergence of numerous symptoms associated with irregular intervals of menstruation. The time span extends from the beginning of menopause through perimenopause, postmenopause, and into old life (Stiles, et al, 2017).

Premenopause is the time before a woman experiences her last menstrual cycle. Clinical indicators of approaching menopause, the most prevalent of which is the beginnings of cycle irregularity, are considered to mark the beginning of perimenopause, which lasts until one year following the final menstrual period and then transitions into menopause (FMP).

Menopausal symptoms are known to negatively impact a woman's physical, mental, and social quality in the menopausal and postmenopausal stages of her life, affecting 96% of women in these stages (Schneider, 2017). According to research by Fletcher (2019), menopause is a biological occurrence that most women will experience between the ages of 45 and 55. Indicating both the good and bad points of living, quality of life (QoL) describes a person's or a community's overall health and happiness. It's all a person or group hopes to achieve in terms of quality of life. An individual's sense of self-worth depends on their own

evaluation of their achievements, failures, strengths, and weaknesses in relation to their own values and the norms of their life (WHO, 2020).

Furthermore, quality of life is a complicated phenomena that is influenced by many factors, including but not limited to a person's physical health, mental health, degree of autonomy, social connections, and beliefs, as well as their relationship to the defining characteristics of their environment (Ceylan & Ozerdogan, 2017).

For women in the West, menopause typically occurs between the ages of 40 and 61, with 51 being the median age of the final menstrual period (Sharma, et al, 2017).

In 1990, the World Health Organization published a study on menopause that found that, as life expectancy rises, women will experience menopause for longer periods of time. The senior population is growing rapidly; Kato (1998) confirms this trend and predicts that by 2025, the aged would make up around 12% of the overall population.

Menopausal changes during menopause transition have been linked to a wide range of symptoms and illnesses in women. The extent to which individual women are affected by this change varies, however. Hot flashes, night sweats, sleep disturbances, urinary frequency, vaginal dryness, poor memory, anxiety, and depression are just some of the menopause-related symptoms that can have a significant impact on a life's daily, social, and sexual life. Menopause is also a major quality factor for cardiovascular disease and osteoporosis. Low reproductive hormones during menopause also increase the risk of osteoporosis, bone fractures, and cardiovascular menopause (including myocardial infarction and stroke) (Werner, 2016).

Treatment and management of menopause symptoms can be broken down into two phases: initial, short-term treatment aimed at relieving symptoms; and maintenance, long-term treatment aimed at preventing bone loss. As a result, hormone therapy has become the gold standard for treating menopausal symptoms. Hormone therapy consists of oestrogen and progesterone for women with uteri to avoid endometrial hyperplasia, while oestrogen is given alone for women who have undergone a hysterectomy. Antidepressants and birth control have also been shown to be helpful (Fletcher, 2018).

Women will be more prepared to deal with the physical, mental, social, and psychological changes that accompany menopause if they have a realistic awareness of what to expect (Fletcher, 2018). It is already common knowledge that women's perceptions and symptoms of menopausal might be influenced by their social context. In cultures where menopause is celebrated rather than feared, fewer women have these symptoms. Moreover, the physiologic problems experienced by women during the menopausal period has in one way or another affected their lifestyle, most especially their sexual life, and women during this period do not know how to cope or even develop poor coping strategies, which in turn affects their productivity towards the activities of daily living (Schafer, 2019).

Leading health organisations have set health-related quality of life as an objective for all people at all ages and stages of life. The menopausal transition is a profound and all-encompassing process that affects women in myriad ways. These symptoms may have an impact on job burnout and quality of life in general. As a result, the health and happiness of middle-aged women around the world is a top priority for public health organisations (Tumbull, 2017).

The term "health-related quality of life" (HRQOL) is used to describe how a person feels about his or her own health and wellbeing in connection to important aspects of his or her personal and professional life. The state of one's body, mind, independence, social network, and

connections to important aspects of one's surroundings all play a role in this all-encompassing term.

Menopause is a topic that is not widely discussed in Nigeria. In the past, it was considered that most Nigerian women either did not experience menopause or that their symptoms were so light that they did not require medical attention. The result was that the typical Nigerian-trained doctor ignored menopausal symptoms. Most menopausal symptoms are, in fact, common among Nigerian women, according to recent community-based studies. Women in some communities in Nigeria are able to manage minor menopausal symptoms on their own without medical intervention because of cultural customs that foster a positive attitude toward menopause. However, moderate and severe menopausal symptoms are seen as serious health symptoms by the women who experience them and lead them to seek therapy (Peter & Hyacith, 2018).

According to Agwu (2016), women who went to conventional medical practitioners for help with menopausal symptoms were not given effective treatments for their symptoms, while those who went to herbal medicine practitioners were given more effective herbal therapies, the majority of which consisted of phytoestrogen preparations. Therefore, menopausal women prefer to seek out herbal medicines rather than hospital consultations for menopausal symptoms.

According to Yisma et al 2016.'s review, the average age of menopause varies globally among areas (2017). A study conducted in Ethiopia found that menopause often occurs between the ages of 49 and 50. Menopause occurred between the ages of 46 and 60 for the women in the research, making it slightly sooner in India than in Western countries (where it occurs at a slightly later mean age of 51.14 2.11 years) (WHO, 2016).

The quality of life of postmenopausal women in urban and rural areas was studied by Binu and Neetha (2018). The average age of patients in the study was 48 years old, whereas menopause often begins between the ages of 40 and 45 for Indian women. Therefore, menopausal health should be given more attention in the Indian and international contexts. The results showed that women in rural areas had a higher mean quality of life score (X2 =27.24) than women in urban areas (X1 =26.34). Independent t-value (t = 0.86; P 0.05) is less than t-value from table (t98=1.980). The quality of life of urban postmenopausal women was related to their monthly household income (x2 = 4.023), and this relationship was significant at the 0.05 level of analysis.

Hot flashes, trouble sleeping, depression, irritability, and anxiety were found to be the most common types of menopausal symptoms by Yisma et.al. (2017). This finding was corroborated by Baber et.al. (2016), who found that menopause-related symptoms can manifest in a variety of symptoms, including in the body, the mind, and the genitalia.

Rajbandary et al. (2017) found that many women experience menopausal symptoms during the menopausal transition and postmenopausal years in their study of the quality of life of peri and postmenopausal women attending the outpatient department of obstetricians and gynaecologists at a tertiary care hospital in Nepal. In addition, the average life at menopause beginning was 50, and among those who had reached menopause, 50.8% were doing well. Meanwhile, the women's socio-demographic data, including age, marital status, education level, last menstrual period, and regular menstrual period, were statistically significant with the quality of life of peri and postmenopausal women, making the study a very valid one from the standpoint of the study's objective.

In a separate study, Rezarta and Fatjona (2017) looked at the correlation between menopausal symptoms and the quality of life for women after menopause. The study reviewed the literature on menopausal symptoms and women's quality of life outcomes from a theoretical perspective to determine possible coping techniques for easing the transition towards middle age. The quantity and severity of physical, psychological, and psychosomatic symptoms varied significantly between ethnic groups, according to the research. It was also found that having menopausal symptoms greatly diminishes quality of life, and that the severity of those symptoms has a direct correlation to how much they diminish it.

Postmenopausal syndrome in India was the subject of another study by Pronob and Manu (2015). Reviewing the existing research and drawing conclusions about menopause's symptoms, underlying pathophysiology, and treatment possibilities gave the study a unique perspective. Symptoms associated with ovaries ceasing to produce eggs should be alleviated by hormone replacement, however the timing of this treatment is not flexible with respect to menopause. When it comes to perimenopause symptoms, some women experience them earlier than others.

Using a descriptive cross-sectional design, Oloyede and Obajimi (2018) investigated "Features and Perception of menopausal Women" in Ibadan, Nigeria. Randomly selected women between the ages of 47 and 78 (mean 57.4 6.3) who had experienced at least 24 months of amenorrhea were included in the study. Overall, menopause was seen as a natural occurrence by 519 women (97.4%). Overall, menopause was well-tolerated by 407 (77.6%) of the women. Of those, 346 (64.9%) had stopped engaging in sexual activity. Joint pains (287; 53.8%), hot flushes (272; 51%), and night sweats (222; 42%) were described as the most prevalent symptoms. One of the most often cited positive aspects of menopause is the end of regular menstruation, as mentioned by 270 women (50.7%). Hormone replacement therapy (HRT) was only known by 39 people (7.4%), and nobody taking it or having taken it had ever been a part of the study. Menopause is generally accepted in Ibadan, however they pointed out that more research is necessary.

Menopausal women have received relatively little attention in the many studies that have been conducted to evaluate quality of life in various populations (Abay & Kaplan, 2016; Gartoulla, et al, 2016).

The main objective of the study was to identify menopausal symptoms, and the quality of life of menopausal women in Otun community of Moba local government area, Ekiti State. The specific objectives are to:

1. assess the levels of menopausal symptoms among women in Otun community of Moba local government area, Ekiti State; and
2. assess the quality of life of menopausal women in Otun community of Moba local government area, Ekiti State.

Methodology

This research utilized a quantitative design and descriptive cross-sectional method to gather relevant information on menopausal symptoms and quality of life among menopausal women in Otun community of Moba local government, Ekiti State aged 40-65 years. The population for this study were menopausal women residing in Otun community of Moba Local Government, Ekiti State that are within the age of 40 to 65 years. The sample size was determined using a single population proportion of 47%, the prevalence of menopausal symptoms on quality of life findings by Radhaet. al, (2017) with 95% confidence interval and 10% level of precision using Leslie Kish formula:

$$N = \frac{Z^2 P (1-P)}{e^2}$$

Where:
N is sample size
Z^2 is standard normal deviate at 95% confidence interval corresponding to 1.96
P is assumed proportion of women with menopausal symptoms put at 47%, i.e 0.47
e is precision level (degree of accuracy or absolute error between true and estimated level) put at 10%, i.e 0.1

$$N = \frac{1.96^2 \times 0.47(1- 0.47)}{(0.1)^2}$$

$$N = \frac{1.96^2 \times 0.47(0.53)}{(0.1)^2}$$

$$N = \frac{3.842 \times 0.25}{0.01}$$

$$N = \frac{1.92}{0.01}$$

N= 192
A total of 192 participants were selected for the study.
Multi stage sampling procedure was used in this study. A structured closed-ended questionnaire was used as the instrument for data collection. It was used to gather information on the menopausal symptoms, coping strategies and quality of life among women in Otun community of Moba Local Government in Ekiti State. The questionnaire was divided into three (3) sections. The research instrument comprised of standardized tool used to examine the menopausal symptoms and quality of life which was presented to panel of experts in the field of study who ascertained the content and face validity of the instrument. Reliability of the instrument was ensured by administering the tool to 29 menopausal women in Oye –Ekiti which is a different setting from the target population. The administered instrument was retrieved and analyzed statistically. The overall instrument was tested for reliability using Cronbach alpha with the following reliability coefficient: 0.79 for MRS, and 0.81 for WHOQOL-brief.
The questionnaires were distributed to the respondents after gaining permission from the local government chairman and the political ward leaders to distribute the questionnaires and as well, verbal consents from the respondent which was done in batches per ward. The purpose of the study was explained to the respondents after which the questionnaire were distributed to them, filled and collected immediately to avoid misplacement. The period of data collection took approximately three weeks with two research assistants.
The data collected through questionnaires was processed using Statistical Package for the Social Science (SPSS), version 27 for the data gathered from participants. Frequency tables were constructed with data expressed on it. The research questions were answered using descriptive statistics of mean and standard deviation. The hypotheses were tested using Pearson correlation coefficient at 0.05 level of significance.

Results

Table 1: Participants' Socio-demographic Characteristics N=192

SN	Variables	Categories	Frequency	Percentages (%)
1	Age	45-49	24	12.5

		50-54	16	8.3
		55-59	48	25
		60 and above	104	54.2
2	Marital status	Single	22	11.4
		Married	130	67.7
		Divorced/Separated	14	7.4
		Widowed	26	13.5
3	Educational status	No formal education	58	30.2
		Primary	40	20.8
		Secondary	74	38.5
		Tertiary	20	10.4
4	Ethnicity	Yoruba	138	71.8
		Igbo	44	22.9
		Hausa	10	5.2
5	Occupation	House wife	76	39.6
		Civil servant	38	19.7
		Business woman	58	30.2
		Others	20	10.4
6	Age at Menopause	Below 45 years	22	11.4
		45-49	38	19.8
		50-54	78	40.6
		55-59	42	21.8
		60 and above	12	6.2

Table 1 reveals participants across the age spectrum of 45 to 60 years and above. Many of the participants were aged 60years and above (54.2%), Married participants were predominantly represented in this study (67.7%). On the other hand, majority of the participants had secondary school qualification (38.5%), this implied that majority of the participants can read and write. In addition, majority of the participants were from Yoruba tribe (71.8%), other ethnic groups (Igbo and Hausa) were also represented in the study. Furthermore, many of the participants were house wife (39.6%), followed by those who were business women (30.2%) while least of the participants were engaged in other occupations (10.4%).

Table 2: Menopausal Symptoms among women in Otun community of Moba local government area

S/N	ITEMS	Mean	S.D
	Hot flushes or flashes	4.675	0.98
	Night Sweats	3.976	1.02
	Sweating	3.722	0.72
	Being dissatisfied with my personal life	5.291	0.30
	Feeling nervous or anxious	2.788	1.19
	Experiencing poor memory	4.227	1.21
	Accomplishing less than I used to	2.921	0.89
	Feeling depressed, down or blue	3.392	1.35
	Being impatient with other people	2.988	0.44
	Feelings of wanting to be alone	2.986	1.52

	Flatulence (wind) or gas pains	4.560	0.86
	Aching in muscles and joints	5.121	0.91
	Feeling tired or worn out	3.696	1.09
	Difficulty sleeping	5.331	0.78
	Aches in back of neck or head	4.109	1.21
	Decrease in physical strength	3.223	0.78
	Decrease in stamina	3.922	1.12
	Feeling a lack of energy	3.616	0.99
	Drying skin	4.091	1.02
	Weight gain	2.911	0.65
	Increased facial hair	1.922	0.22
	Changes in appearance, texture or tone of your skin	3.922	1.01
	Feeling bloated	3.191	0.11
	Low backache	4.891	0.19
	Frequent Urination	3.080	0.22
	Involuntary urination when laughing or coughing	2.771	0.99
	Change in your sexual desire	5.101	0.26
	Vaginal dryness during intercourse	5.240	0.16
	Avoiding intimacy	5.022	0.19

Criterion mean =3; Average mean=3.88

Table 2 shows the symptoms of menopause among menopausal women in Otun community. The result revealed that many of the statement in table 4.2 were recognized as menopausal symptoms among women in Otun community. For example, difficulty sleeping (mean= 5.331), aching muscles and joint (mean= 5.121), changes in sexual desire (mean = 5.101) , low back pain(4.89), hot flushes (4.68), and flatulence (4.57) were the most severe menopausal symptoms experienced by these women, While the least symptoms were increased in facial hair (1.92), involuntary urination when laughing or coughing (2.77), feeling nervous (2.78), weight gain (2.91), accomplishing less than I used to (2.92), feelings of wanting to be alone (2.98), and being impatient (2.98).

Table 3: Menopausal Symptoms Rating

Symptoms rating	**Frequency**	**Percentage (%)**
Not bothered	8	4.2
A bit bothered	12	6.3
Slightly bothered	7	3.6
Bothered	20	10.4
Very bothered	107	55.7
Seriously bothered	18	9.4
Extremely bothered	20	10.4
Total	**192**	**100**

Table 3 Shows that most of the participants 55.7% were very bothered about the menopausal symptoms they manifest, while 10.4% of the participants were extremely bothered and a very low percentage of the participants were not bothered at all 4.2%.

Table 4: Menopausal Symptoms Rating

Symptoms rating	**Frequency**	**Percentage (%)**
Mild	36	18.8

Moderate	134	69.8
Severe	22	11.4
Total	**192**	**100**

The table reveals that majority of the participants had moderate menopausal symptoms, and 11% presented with severe menopausal symptoms, while about 19% had mild symptoms.

Table 5: Summary of result on Health-Related Quality of life

Domains and Question BREF	Very dissatisfied 1 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5	Mean	S.D
Overall Quality of life and General Health	4 (2%)	16 (8.5%)	58 (30.0%)	90 (47%)	24 (12.5%)	2.4100	1.12
Domain 1 Physical health	4 (2.5%)	46 (24.0%)	68 (35%)	56 (29.5)	18 (9.0%)	2.9400	1.09
Domain 2 Psychological	0 (0%)	98 (51.5%)	64 (33.0%)	20 (10.0%)	10 (5.5%)	2.9400	1.04
Domain 3 Social relationships	14 (7.5%)	58 (30.0 %)	68 (35.0%)	42 (21.5%)	10 (6.0%)	2.7300	1.21
Domain 4 Environment	5 (3.0%)	80 (41.0%)	60 (31.5%)	40 (20.5%)	7 (4.0%)	2.6800	1.14

Criterion mean =3; Average mean=2.83

Table 5 reveals that majority of the participants reported that their overall quality of life and general health was fair (mean= 2.4) while many had neither poor nor good satisfaction towards their physical health (mean=2.94), social relationships (mean= 2.73) and for their environment (2.68). However overall average mean of the participants =2.83 which fall between neither satisfied nor dissatisfied. This implies that many of participants were neither satisfied nor dissatisfied with their quality of life.

Table 6: Levels of health-related quality of life N=192

Category	Levels	Frequency	Percentage
>65	Relatively high	40	20.9
34-65	Moderate	98	51
<33	low	54	28.1

Mean =57.8., Std. dev. = ±33.3

Table 6 shows that most of the menopausal women in Otun community had moderate health related quality of life (51%). This was followed by 28.1% of the participants who had low (28.1%) while 20.9% had relatively high levels of health related quality of life. This implies that most of the women in Otun community had a moderate level of quality of life.

Table 7: Correlation Matrix on the relationship between menopausal symptoms and quality of life

	Quality of life		
Menopausal symptoms	**R**	**p-value**	**Remark**
Hot flushes or flashes	.896	.000	Sig
Night Sweats	.827	.123	Not Sig
Sweating	.832	.071	Not Sig
Being dissatisfied with my personal life	.798	.000	Sig
Feeling nervous or anxious	.692	.120	Not sig
Experiencing poor memory	.863	.020	Sig
Accomplishing less than I used to	.784	.801	Not Sig
Feeling depressed, down or blue	.909	.000	Sig
Being impatient with other people	.906	.080	Not sig
Feelings of wanting to be alone	.847	.206	Not Sig
Flatulence (wind) or gas pains	.862	.090	Not Sig
Aching in muscles and joints	.906	.010	Sig
Feeling tired or worn out	.784	.073	Not Sig
Difficulty sleeping	.906	.001	Sig
Aches in back of neck or head	.784	.008	Sig
Decrease in physical strength	.230	.064	Not Sig
Decrease in stamina	.689	.086	Not Sig
Feeling a lack of energy	.904	.000	Sig
Drying skin	.767	.001	Not Sig
Weight gain	.906	.098	Not Sig
Increased facial hair	.908	.071	Not Sig
Changes in appearance of your skin	.859	.090	Not Sig
Feeling bloated	.597	.006	Sig
Low backache	.910	.020	Sig
Frequent Urination	.906	.310	Not Sig
Involuntary urination when laughing or coughing	.748	.090	Not Sig
Change in your sexual desire	.803	.020	Sig
Vaginal dryness during intercourse	.711	.010	Sig
Avoiding intimacy	.898	.000	Sig

Findings of this study revealed that the presence of hot flushes, feelings of depression, experience of poor memory, muscle and body aches, sleep disturbances, lack of energy, bloating, changes in sexual satisfactions and vaginal dryness were significantly associated with quality of life.

Table 8: Relationship between menopausal symptoms and quality of life among menopausal women in Otun community

		Quality of life	Remarks
Menopausal Symptoms	Pearson correlation Sig. (2-tailed) p-value N	**0.295** **0.04** **192**	**Reject null hypothesis**

***. Correlation is significant at the 0.05 level (2-tailed).**

The results in Table 8 revealed a significant relationship between menopausal symptoms and quality of life (r = 0.295.; p=0.036< 0.05). Table 4.5a shows that Night sweats, sweating, feeling nervous or anxious, accomplishing less, being impatient with other people, feelings of wanting to be alone, flatulence, feeling tired or worn out, decrease in physical strength, decrease in stamina, drying skin, weight gain, increase facial hair, changes in appearance of your skin, frequent urination, and involuntary urination when laughing or coughing were not significantly related with quality of life since each symptoms p-value >0.05 while others were significantly related.

Hence, the hypothesis statement which stated that "There is no significant relationship between menopausal symptoms and quality of life among women in Otun community is hereby rejected by these findings.

Table 9: Correlation Matrix on the relationship between socio-demographic variables and quality of life among

Socio-demographic		**Quality of life**	**Remark**
Age	Pearson Correlation	.166**	Sig
	Sig. (2-tailed)	.042	
Age at Menopause	Pearson Correlation	.164**	Sig
	Sig. (2-tailed)	.040	
Marital status	Pearson Correlation	.047	Not Sig
	Sig. (2-tailed)	.505	
Marital status	Pearson Correlation	.047	Not Sig
	Sig. (2-tailed)	.505	
Educational status	Pearson Correlation	.164**	Sig
	Sig. (2-tailed)	.040	
Ethnicity	Pearson Correlation	.193**	Not Sig
	Sig. (2-tailed)	.061	
Occupation	Pearson Correlation	.193**	Sig
	Sig. (2-tailed)	.006	

***. Correlation is significant at the 0.05 level (2-tailed).**

Source: Field Survey, 2021

Table 9 revealed a significant relationship between Age (p<0.05, r=.166); educational status (p<0.05, r=.164), occupation (p<0.05, r=.193), age at menopause (p<0.05, r=.164) and quality of life, p<0.05. This implies that a change in age, educational status, religion, occupation and age at menopause will significantly affect quality of life of women in Otun community. While factors like Ethnicity and marital status (p>0.05, r=.193) and (p<0.05, r=.047) respectively will relatively insignificant with quality of life. This implies that a change in the two factors will not significantly affect the quality of life of women in Otun.

Discussion

Findings of this study showed the different patterns of menopausal symptoms experienced by the participants. According to the result, difficulty sleeping (mean= 5.331), aching in muscles and joint (mean= 5.121), changes in sexual desire (mean = 5.101) , low back pain(4.891), hot flushes (4.675), and flatulence (4.565) were the most severe menopausal symptoms experienced by these women, While the least symptoms were increased in facial hair (1.92), involuntary urination when laughing or coughing (2.77), feeling nervous (2.78), weight gain (2.91), accomplishing less than I used to (2.92), feelings of wanting to be alone (2.98), and being impatient (2.98). The findings support previous study by Rezerta and Fatjona (2017), in United Kingdom, where menopausal women experienced a vasomotor disturbance commonly known as hot flushes. They explained that the hot flushes are often accompanied by sweats and sleep disturbances. These episodes may occur as often as 20 to 30 times a day and generally lasts between 3 to 5 minutes, these findings is also consistent with the study of Argarwal et. al., (2018), who found that 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.

Furthermore, this finding corroborates the results of National Institute of Health's (NIH) experts, Fernandez-Ballesteros et.al., in 2019, they identified menopausal symptoms such as hot flushes, night sweats, insomnia, vaginal dryness, loss of sexual desire, weight gain, hair loss, fatigue, major depression, anxiety, or mood disorders (including mention of episodic mood disorder and/or mood swings. Also Nisar and Sohoo (2017), in their study found high frequency of menopausal women being impatience with others.

It was found in the present study that decreased stamina and lack of energy were important symptoms. The findings of this study are in agreement with the submissions of Aggarwal (2019); Nisar and Sohoo (2017), that most women reported lack of energy, decrease in physical strength, aching in muscles and joints, feelings of tiredness, sleeping difficulties and dry skin.

Generally, most of the participants (69.8%) were moderately bothered about their menopausal symptoms, few experienced it at mild degree (18.8%) while fewer number of the participants (11.4%). were severely bothered about their menopausal symptoms.This study findings however are not in tandem with that of Aggarwal (2019), who submitted that Indian women reported low degree of moderate problems in vasomotor and psychosocial domains, though average degree in mild to severe sexual symptoms. These differences of symptoms are likely due to cultural norms, undetermined biological and lifestyle factors. This study revealed that about average degree of the respondents have moderate menopausal symptoms, above one-third had mild symptoms while just little had severe symptoms. The prevalence of menopausal different symptoms among the respondents may be as a result of different biological make up and hormonal changes, inadequate knowledge about menopause, wrong diet and sedentary lifestyle.

The findings revealed that majority of the participants had moderate quality of life (mean= 3.4) while many had neither poor nor good satisfaction towards their general health (mean=2.94), with increased need for medical treatment (mean= 2.73). Most of the women in Otun community had moderate health related quality of life (51%). This was followed by 28.1% of the participants who had low (28.1%) while 20.9% had relatively high levels of health related quality of life (20.9%). These findings are synonymous with Fadehan (2016),

who also noted that, natural events in life like menopause can alter the individual's quality of life.

Consequently, health-related quality of life (HRQoL) as opined by Schneider (2017) as a dimension of QoL that deals with the effects of physical, psychological, social and spiritual factors on the overall QoL of individuals. In other words, the QoL identifies four (4) domains (physical well-being such as sleep, social well-being such as family distress, psychological well-being such as depression and spiritual well-being such as hopelessness) that define an individual's QoL. Each of the domains is stated to act singly or in combination with the other domains and ultimately has an impact on the QoL.

The results shows that age, marital status, educational status, occupation, and age at menopause had a significant relative influence on menopausal symptoms among Women in Otun community while factors like Ethnic group, and religion had no significant influence on menopausal symptoms. Age, educational status, occupation and age at menopause had a positive correlation with menopausal symptoms with correlation coefficient of (age = 0.591, marital status= .328, educational status = .134, occupation = .062 and age at menopause= .391) but were statistically significant (age= $p<0.05$, t= 15.311, marital status= $p<0.05$, t=-8.107; educational status= $p<0.05$, t=-3.984;occupation=$p<0.05$, t=0.87 and age of menopause = $p<0.05$, t=10.311). This implies that age, marital status, occupation, age of menopause will positively predict level of menopausal symptom among women in Otun. Ethnicity did not significantly predict menopausal symptom.

Findings of this study revealed that the presence of hot flushes, feelings of depression, experience of poor memory, muscle and body aches, sleep disturbances, lack of energy, bloating, changes in sexual satisfactions and vaginal dryness were significantly associated with quality of life. The null hypothesis was rejected which indicates that there is a significant relationship between symptoms of menopause and respondents quality of life. The inferential test revealed a significant relationship between menopausal symptoms and quality of life ($r = 0.295.$; $p=0.036< 0.05$). The finding is in tandem with the findings of Rezarta and Fatjona (2017) where they found that presence of Menopausal Symptoms significantly reduces Women's Quality of Life.

One possible explanation for this, may be due to age, (highest number of respondents are between age 55 to 59), biological, psychological, social economic, genetic and cultural factors which probably shaped the perception and attitude of these women. It can be attributed to the high value placed on female independence in the women. It can be attributed to the high value placed on female independence in the women's culture and greater exposure within their family groups, religious groups and friends as regards the realities of climacteric transition and the ageing process, and many of the respondents accepts symptoms of menopause as natural age-related changes. This validates findings of Nisar and Sohoo (2017).

Conclusion

The study concluded that women in this study started their menopause at the ages of 50-55 years which is consistent with the global menopausal age. In addition, difficulty sleeping, aching in muscles and joint, changes in sexual desire, low back pain, hot flushes, and flatulence were the most severe menopausal symptoms experienced by these women. Most of the women in Otun community had moderate health related quality of life. Socio-demographic characteristics such as age, marital status, educational status, occupation, and age at menopause had a significant relative influence on menopausal symptoms among women in Otun community**.** In the same vein, presence of hot flushes, feelings of depression,

experience of poor memory, muscle and body aches, sleep disturbances, lack of energy, bloating, changes in sexual satisfactions and vaginal dryness were significantly associated with quality of life. Finally, there was a significant relationship between menopausal symptoms and quality of life.

Recommendations

Based on the findings of this study, it is therefore recommended that:

1. Menopausal women should be encouraged to engage in physical exercises to cope with the stress of menopausal symptoms
2. Women who resume menopause at an early age should be guided and supported as they tend to have lower quality of life.
3. Menopausal women who are severely bothered by their symptoms should be identified and supported accordingly
4. Awareness of the multiple menopausal symptoms should be created to give women the awareness at an earlier age before they resume menopause
5. More research studies should be carried out on menopause and also providing a way forward from its associated problems.

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