

Influence of Menopausal-Related Health Symptoms On Quality of Life Among Women in Irepodun Local Government, Osun State, Nigeria

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Abstract

This study assessed the influence of menopausal-related health symptoms on quality of life of women in Irepodun Local Government Area in Osun State. Descriptive research design of the survey type was adopted in this study. The populations for this study were the women within the age range 45-60 years in six selected wards in Irepodun Local Government. A total of 339 respondents were purposively selected. The research instrument used was a questionnaire tagged Menopausal – Specific Quality of Life Questionnaire which was adapted for the collection of data. The research instrument was validated and reliability index of 0.81 for symptoms of menopause, and 0.89 for Menopause specific quality of life were gotten. Descriptive statistics were used to answer the research questions. Inferential statistics of chi-square was used to test the hypotheses at 0.05 level of significance. The study revealed that menopausal-related health symptoms that women are experiencing are, vasomotor (58.47%), sexual (55.4%), physical (54.87%) and psychosocial (49.23%) domains. A statistically significant relationship was found between vasomotor ($X^2 = 8.881$ at $P = .007$), psychological ($X^2 = 18.765$ at $P = .000$), physical ($X^2 = 31.117$ at $P = .000$) and sexual domains ($X^2 = 14.987$ at $P = .000$) domains of

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menopausal-related health symptoms and quality of life. It was recommended among others that that health care providers need to play a more visible and instrumental role in continuously assessing menopausal women's needs as well as implement appropriate health education programs for women about the menopausal period and how to pass through it safely.

Keywords: Menopausal-Related, Health Symptoms, Quality of Life, Women,

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Introduction

Menopause is a universal phase in a woman's life. It is a stage in the reproductive cycle that every woman experiences during the aging process. However, it is often accompanied by series of symptoms which if not addressed, could worsen the existing-ill health. Also, menopause is positively related with non-communicable diseases like diabetes, hypertension, osteoporosis, cervical cancer, and breast cancer leading to increase morbidity and mortality rate among menopausal women (Wenger, Arnold, Merz, Cooper-DeHoff, Ferdinand, Fleg, & Lindley, 2018). Furthermore, women at this phase of their life experience gross psychological and social disorders like depression, swing in mood, sleep pattern alteration, loss of social interaction, professional roles, and poor ego integrity. Inadequate knowledge about menopause and its associated symptoms could in turn affect overall health-related quality of life (QoL) (Nazarpour, Simbar, Ramezani & Alavi, 2018).

Also, women also face tremendous emotional burden during this phase. Half of the menopausal women in developed nations felt they could not discuss their symptoms at work due to the stigma associated with the condition. We cannot even fathom what women face in developing countries and rural settings. Unfortunately, even developed healthcare system around the world lacks medical support specially trained in the management of menopause. According to findings from a survey conducted by the American Association of Retired Persons in 2017-2018, only 1 in 5 women in the US received a referral to a menopause specialist. Of the 60% of women who seek medical attention, an appalling 75% of them are left untreated. Further, due to the temporary nature of menopause symptoms, it is possible that clinicians may manage these symptoms less aggressively than other medical conditions. This leads to women self-treating by reading unfiltered content online (Thapa & Yang, 2019).

Quality of Life (QoL) is defined as how individuals perceived themselves in life in the context of the way they live and value the life they are living in relation with how they meet up with their goals, expectations, standards and concerns (Nazarpour, Simbar, Ramezani & Alavi, 2018). It is an overarching term for the quality of the various domains in life. It is a standard level that consists of the expectations of an individual for a good life. It is a subjective, multidimensional concept that defines a standard level for emotional, physical, material and social wellbeing. It serves as a reference against through which an individual can measure the different domains of one's own life. The degree to which these domains give satisfaction and as such contribute to one's subjective wellbeing is referred to life satisfaction which in turns leads to good quality of life.

Menopausal symptoms have a negative impact on QOL among women. Epidemiological studies reported higher prevalence (40%–60%) of physical, psychological, vasomotor, and sexual disorders among menopausal women and a positive linear relationship between menopausal changes and quality of life (QOL) (Heidari, Ghodusi, Rezaei, Kabirian, Sureshjani, & Sheikhi, 2019). About 65% of women in the menopausal age suffer from various degrees of cardiovascular diseases, cardiovascular death, atherosclerosis, stroke, angina after myocardial infarction and low bone density to mention but few (Li, Sun, Lin, Qi, Li, Yan, & Ren, 2016).

The researcher also observes that the majority of menopausal women are overwhelmed with the burdens of menopausal symptoms which aggravate the existing ill health and medical conditions. This leads to poor quality of life and reduction in their activities of their daily living, necessitating the women to seek non-medical interventions like spiritual assistance and rituals. Therefore, assessing the influence of menopausal-related

health symptoms on women's quality of life could offer background knowledge for further intervention that can help promote the quality of life of women during this period. This in turn could help in increasing women's longevity, reduce women mortality and morbidity rate and boost the economy of the nation, since the roles of women in any nation cannot be overemphasized.

This study assessed the influence of menopausal-related health symptoms on quality of life of women in Irepodun Local Government Area in Osun State. The study specially examined:

- i. the menopausal-related health symptoms that the women are experiencing;
- ii. the influences of menopausal-related health symptoms on quality of life of women;
- iii. the relationship between vasomotor domain of menopausal related health symptoms and quality of life;
- iv. the relationship between psychosocial domain of menopausal-related health symptoms and quality of life;
- v. the relationship between physical domain of menopausal-related health symptoms and quality of life; and
- vi. the relationship between the sexual domain of menopausal-related health symptoms and quality of life.

Research Questions

The following research questions were raised for the study:

1. What are the menopausal-related health symptoms that the women are experiencing?
2. What are the influences of menopausal-related health symptoms on quality of life of women?

Research Hypotheses

The following hypotheses were generated:

1. There is no significant relationship between vasomotor domain of menopausal related health symptoms and quality of life.
2. There is no significant relationship between psychosocial domain of menopausal-related health symptoms and quality of life
3. There is no significant relationship between physical domain of menopausal-related health symptoms and quality of life
4. There is no significant relationship between the sexual domain of menopausal-related health symptoms and quality of life.

Methodology

The descriptive research design of the survey type was used in this study. The populations for this study were the women within the age range 45-60 years in six selected wards in Irepodun Local Government of Osun state. A total of 339 respondents were purposively selected. The research instrument used was a questionnaire tagged Menopausal – Specific Quality of Life Questionnaire which was adapted for the collection of data. This was developed by John R. Hilditch, Jacqueline E. Lewis, Peter G. Norton, Earl Dunn (2005). It contains (4) four main domains of menopausal-related health symptoms with vasomotor

domain containing 3 items, psychosocial domain containing 7 items, physical domain containing 17 items and sexual domain containing 3 items making a total of 30 items.

The face and content validity of the instrument was validated by experts of Nursing Science and Tests & Measurement. Their observations were used to make necessary correction of the items in the research instrument. Reliability of the instrument was tested using Cronbach's Alpha to ensure internal consistency of the instrument. The Cronbach's Alpha Values were 0.81 for symptoms of menopause, and 0.89 for Menopause specific quality of life. The data collected through the instrument were analyzed using descriptive and inferential statistics. Descriptive statistics such as frequency counts, percentage, tables, mean score and standard deviation were used to answer the research questions. Inferential statistics of chi-square was used to test all the hypotheses at 0.05 level of significance.

Results

Research Question 1: What are the menopausal-related health symptoms that the women are experiencing?

Table 1: Menopausal-related health symptoms

Items/ symptoms	Responses	
	Yes (%)	No (%)
Hot flushes or flashes	287(92.3)	24 (7.7)
Night sweats	291(93.6)	20 (6.4)
Sweating	306(98.4)	5 (1.6)
Dissatisfaction with my personal life.	261(83.9)	50 (16.1)
Feeling anxious or nervous	276(88.7)	35 (11.3)
Poor memory	281 (90.4)	30 (9.6)
Accomplishing less than I used to	296 (95.2)	15 (4.8)
Feeling depressed, down or Blue	291 (93.6)	20 (6.4)
Being in patient with other people	276 (88.7)	35 (11.3)
Feelings of wanting to be alone	276 (88.7)	35 (11.3)
Flatulence (Wind or Gas pains)	30(9.6)	281 (90.4)
Aching in muscles and joints	291 (93.6)	20 (6.4)
Feeling tired or worn out.	301 (96.8)	10 (3.2)
Difficulty sleeping	296 (95.2)	15 (4.8)
Aches in back of neck or head	301 (96.8)	10 (3.2)
Decrease in physical strength	306 (98.4)	5 (1.6)
Decrease in stamina	296 (95.2)	15 (4.8)
Lack of energy	291 (93.6)	20 (6.4)
Dry Skin	256 (82.3)	55 (17.7)
Weight gain	276 (88.7)	35 (11.3)
Increase facial hair	236 (75.9)	75 (24.1)
Changes in appearance, texture or tone of my skin	281 (90.4)	30 (9.6)

Feeling bloated	296 (95.2)	50 (4.8)
Low backache	271 (87.1)	40 (12.9)
Frequent urination	286 (92.0)	25 (8.0)
Involuntary urination when laughing or coughing	296 (95.2)	15 (4.8)
Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness)	296 (95.2)	15 (4.8)
Decrease in my sexual desire	296 (95.2)	15 (4.8)
Vaginal dryness	306 (98.4)	5 (1.6)
Avoiding intimacy	281 (90.4)	30 (9.6)

In table 1 presented the menopausal-related health symptoms that the women are experiencing. Majority (92.3%) reported hot flushes or flashes. Other reported symptoms include night sweat (93.6), sweating (98.4) dissatisfaction with personal life (83.9), feeling anxious or nervous (88.7), poor memory (90.4), less accomplishment (95.2), depression (93.6), being impatient (88.7) and aching in muscles and joints (93.6). Most (96.8) of the respondents also reported feeling tired or worn out, 95.2% reported difficulty in sleeping while 98.4% reported decrease in physical strength. Also, decrease in stamina was reported by 95.2%, lack of energy (93.6%), dry skin (82.3%) and weight gain (88.7%). Changes in appearance, texture or tone of my skin was reported by 90.4%, feeling bloated was reported by 95.2% and low backache (87.1%). Frequent urination was reported by 92.0%, involuntary urination when laughing or coughing (95.2%), heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness) was also reported by 95.2%, decrease in sexual desire and vaginal dryness was reported by 95.2% and 98.4% respectively.

Table 2: Summary of Menopausal-related health symptoms that the women are experiencing

	Vasomotor Domain	Psychosocial Domain	Physical Domain	Sexual Domain
Mean	8.77	17.25	46.64	8.31
Std. Error of Mean	.142	.302	.526	.118
Std. Deviation	2.51	5.33	9.28	2.08
Percent	58.47	49.23	54.87	55.4
Rank	1st	4th	3rd	2nd

In table 2, the summary of menopausal-related health symptoms that the women are experiencing shows that the vasomotor domain with a mean score of 8.77 (58.47%) is the major menopausal-related health symptom. This is followed by the sexual domain (55.4%), physical domain (54.87%) and psychosocial domain (49.23%).

Research Question 2: What are the influences of menopausal-related health symptoms on quality of life of women?

Table 3: Influence of menopausal-related health symptoms on quality of life of women

Items/ symptoms	Responses				
	<i>Not at all bothered</i>	<i>Slightly bothere d</i>	<i>Often bothere d</i>	<i>Always bothere d</i>	<i>Extremel y bothered</i>
Hot flushes or flashes	24(7.7)	20(6.4)	64(20.6)	102(32.8)	101(32.5)
Night sweats	20(6.4)	-	84(27.0)	92(29.6)	115(37.0)
Sweating	5(1.6)	-	69(22.)	122(39.2)	115(37.0)
Dissatisfaction with my personal life.	50(16.1)	5(1.6)	121(38.9)	70(22.5)	65(20.9)
Feeling anxious or nervous	35(11.3)	19(6.1)	77(24.8)	120(38.6)	60(19.3)
Poor memory	30(9.6)	10(3.2)	81(26.0)	155(49.8)	35(11.3)
Accomplishing less than I used to	15(4.8)	5(1.6)	107(34.4)	128(41.2)	56(18.0)
Feeling depressed, down or Blue	20(6.4)	10(3.2)	100(32.2)	136(43.7)	45(14.5)
Being in patient with other people	35(11.3)	15(4.8)	98(31.5)	126(40.5)	37(11.9)
Feelings of wanting to be alone	35(11.3)	15(4.8)	77(24.8)	170(54.7)	14(4.5)
Flatulence (Wind or Gas pains)	30(9.6)	15(4.8)	59(19.0)	146(46.9)	61(19.6)
Aching in muscles and joints	20(6.4)	-	58(18.6)	145(46.6)	88(28.3)
Feeling tired or worn out.	10(3.2)	-	56(18.0)	145(46.6)	100(32.2)
Difficulty sleeping	15(4.8)	4(1.3)	43(13.8)	143(46.0)	106(34.1)
Aches in back of neck or head	10(3.2)	-	66(21.2)	111(35.7)	124(39.9)
Decrease in physical strength	15(4.8)	24(7.7)	90(28.9)	88(28.3)	94(30.2)
Decrease in stamina	20(6.4)	15(4.8)	40(12.9)	138(44.4)	98(31.5)
Lack of energy	25(8.0)	-	48(15.4)	166(53.4)	72(23.2)
Dry Skin	55(17.7)	5(1.6)	64(20.6)	144(46.3)	43(13.8)

Weight gain	35(11.3)	5(1.6)	67(21.5)	144(46.3)	60(19.3)
Increase facial hair	70(22.5)	5(1.6)	61(19.6)	133(42.8)	42(13.5)
Changes in appearance, texture or tone of my skin	30(9.6)	15(4.8)	54(17.4)	179(57.6)	33(10.6)
Feeling bloated	50(16.1)	5(1.6)	28(9.0)	176(56.6)	52(16.7)
Low backache	15(4.8)	-	57(18.3)	159(51.1)	80(25.7)
Frequent urination	35(11.3)	15(4.8)	68(21.9)	129(41.5)	64(20.6)
Involuntary urination when Laughing or coughing	25(8.0)	5(1.6)	59(19.0)	167(53.7)	55(17.7)
Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness)	10(3.2)	5(1.6)	42(13.5)	175(56.3)	79(25.4)
Decrease in my sexual desire	15(4.8)	19(6.1)	67(21.5)	154(49.5)	56(18.0)
Vaginal dryness	5(1.6)	-	57(18.3)	199(64.0)	50(16.1)
Avoiding intimacy	30(9.6)	5(1.6)	38(12.2)	200(64.3)	38(12.2)

In Table 3, about two-thirds (32.5%) of the respondents were extremely bothered about the symptoms of hot flushes or flashes, 32.8% were always bothered, 20.6% get often bothered, 6.4% get slightly bothered while 7.7% don't bother at all. Also, 37.0% get extremely bothered about night sweats while 39.2% always get bothered about sweating. 38.6% always get bothered about their anxious feeling and 49.8% always feel bothered about the symptoms of poor memory while only 1.6% feel slightly bothered about feeling less accomplishment of what they used to do and 43.7% always bothered about feeling of depression. Also, 40.5% of the respondents were always bothered about being impatient with other people and 54% always get bothered about feeling of wanting to be alone, 46.6% of the respondent always bothered on each of symptoms of aching in muscles/joints, feeling tired or worn out and difficulty in sleeping. While 39.9% feel extremely bothered about symptoms of aches in back or neck, 28.9% often get bothered on decrease in physical strength and 44.4% always feel bothered about decrease in stamina. More so, 53.4% get always bothered on lack of energy, 46.3% each get always bothered on dry skin and weight gain.

Majority (57.6%) get always bothered on changes in appearance, texture or tone of skin, 56.6% get always bothered on feeling bloated, 51.1% on low backache and 41.5% on frequent urination. Also, 53.7% of the respondents get always bothered on their involuntary urination when laughing or coughing, 56.3%, 49.5%, 64.0% and 64.3% of the respondents

always get bothered on the symptoms of heart discomfort, decrease in sexual pleasure, vaginal dryness and avoiding intimacy respectively. The implication of this is that menopausal-related health symptoms influenced the quality of life of women.

Test of Hypotheses

Hypothesis 1: There is no significant relationship between vasomotor domains of menopausal-related health symptoms and quality of life

Table 4: Chi-square table showing a relationship between vasomotor domains of menopausal-related health symptoms and quality of life

Vasomotor Domain	Not at all bothered	Slightly bothered	Often bothered	Always bothered	Extremely bothered	X ²	P
Hot flushes or flashes	24(7.7)	20(6.4)	64(20.6)	102(32.8)	101(32.5)	8.811	.007**
Night sweats	20(6.4)	-	84(27.0)	92(29.6)	115(37.0)		
Sweating	5(1.6)	-	69(22.)	122(39.2)	115(37.0)		

Table 4 shows that X²-cal value of 8.811 was significant because the p-value of 0.007 < 0.05. The null hypothesis was rejected. This implies that there was significant relationship between vasomotor domains of menopausal-related health symptoms and quality of life. The implication of this is that vasomotor domain of menopausal-related health symptoms affects women's quality of life.

Hypothesis 2: There is no significant relationship between psychosocial domains of menopausal-related health symptoms and quality of life

Table 5: Chi-square table showing a relationship between psychosocial domains of menopausal-related health symptoms and quality of life

Psychosocial domain	Responses					X ²	P
	Not at all bothered	Slightly bothered	Often bothered	Always bothered	Extremely bothered		
Dissatisfaction with my personal life.	50(16.1)	5(1.6)	121(38.9)	70(22.5)	65(20.9)		
Feeling anxious or nervous	35(11.3)	19(6.1)	77(24.8)	120(38.6)	60(19.3)		
Poor memory	30(9.6)	10(3.2)	81(26.0)	155(49.8)	35(11.3)		

Accomplishing less than I used to	15(4.8)	5(1.6)	107(34.4)	128(41.2)	56(18.0)	18.765	.000
Feeling depressed, down or Blue	20(6.4)	10(3.2)	100(32.2)	136(43.7)	45(14.5)		
Being in patient with other people	35(11.3)	15(4.8)	98(31.5)	126(40.5)	37(11.9)		
Feelings of wanting to be alone	35(11.3)	15(4.8)	77(24.8)	170(54.7)	14(4.5)		

Table 5 shows that X^2 -cal value of 18.765 was significant because the p-value of $0.000 < 0.05$. The null hypothesis was rejected because X^2 -cal value of 18.765 was significant at $p < 0.05$. This implies that there was significant relationship between psychosocial domains of menopausal-related health symptoms and quality of life. The implication of this is that psychosocial domain of menopausal-related health symptoms affects women's quality of life. Hypothesis 3: There is no significant relationship between physical domains of menopausal-related health symptoms and quality of life.

Table 6: Chi-square table showing a relationship between physical domains of menopausal-related health symptoms and quality of life

Physical domain	Responses					X^2	P
	<i>Not at all bothered</i>	<i>Slightly bothered</i>	<i>Often bothered</i>	<i>Always bothered</i>	<i>Extremely bothered</i>		
Flatulence (Wind or Gas pains)	30(9.6)	15(4.8)	59(19.0)	146(46.9)	61(19.6)	31.117	.000
Aching in muscles and joints	20(6.4)	-	58(18.6)	145(46.6)	88(28.3)		
Feeling tired or worn out.	10(3.2)	-	56(18.0)	145(46.6)	100(32.2)		
Difficulty sleeping	15(4.8)	4(1.3)	43(13.8)	143(46.0)	106(34.1)		
Aches in back of neck or head	10(3.2)	-	66(21.2)	111(35.7)	124(39.9)		
Decrease in physical strength	15(4.8)	24(7.7)	90(28.9)	88(28.3)	94(30.2)		
Decrease in stamina	20(6.4)	15(4.8)	40(12.9)	138(44.4)	98(31.5)		
Lack of energy	25(8.0)	-	48(15.4)	166(53.4)	72(23.2)		
Dry Skin	55(17.7)	5(1.6)	64(20.6)	144(46.3)	43(13.8)		
Weight gain	35(11.3)	5(1.6)	67(21.5)	144(46.3)	60(19.3)		

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Increase facial hair	70(22.5))	5(1.6)	61(19.6)	133(42.8))	42(13.5)		
Changes in appearance, texture or tone of my skin	30(9.6)	15(4.8)	54(17.4)	179(57.6))	33(10.6)		
Feeling bloated	50(16.1))	5(1.6)	28(9.0)	176(56.6))	52(16.7)		
Low backache	15(4.8)	-	57(18.3)	159(51.1))	80(25.7)		
Frequent urination	35(11.3))	15(4.8)	68(21.9)	129(41.5))	64(20.6)		
Involuntary urination when Laughing or coughing	25(8.0)	5(1.6)	59(19.0)	167(53.7))	55(17.7)		
Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness)	10(3.2)	5(1.6)	42(13.5)	175(56.3))	79(25.4)		

Table 6 shows that X^2 -cal value of 31.117 was significant because the p-value of $0.000 < 0.05$. The null hypothesis was rejected because X^2 -cal value of 31.117 was significant at $p < 0.05$. This implies that there was significant relationship between physical domains of menopausal-related health symptoms and quality of life. The implication of this is that physical domain of menopausal-related health symptoms affects women's quality of life.

Hypothesis 4: There is no significant relationship between physical domains of menopausal-related health symptoms and quality of life

Table 7: Chi-square table showing a relationship between sexual domains of menopausal-related health symptoms and quality of life

Sexual domain	Responses						
	<i>Not at all bothered</i>	<i>Slightly bothered</i>	<i>Often bothered</i>	<i>Always bothered</i>	<i>Extremely bothered</i>	X^2	P
Decrease in my sexual desire	15(4.8)	19(6.1)	67(21.5)	154(49.5))	56(18.0)		
Vaginal dryness	5(1.6)	-	57(18.3)	199(64.0)	50(16.1)	14.98	.000

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Avoiding intimacy	30(9.6)	5(1.6)	38(12.2)	200(64.3)	38(12.2)		
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Table 7 shows that X^2 -cal value of 14.987 was significant because the p-value of $0.000 < 0.05$. The null hypothesis was rejected because X^2 -cal value of 14.987 was significant at $p < 0.05$. This implies that there was significant relationship between physical domains of menopausal-related health symptoms and quality of life. The implication of this is that sexual domain of menopausal-related health symptoms affects women's quality of life.

Discussion

The study revealed that the menopausal-related health symptoms that the women are experiencing were presented in four domains, which are vasomotor domain (58.47%), sexual domain (55.4%), physical domain (54.87%) and psychosocial domain (49.23%). The outcome of this study is related to the findings of Hu, Shen, Hung, Wen, Chiang, & Lu, (2016) that the most common menopausal-related problem found among menopausal women in Nigeria is hot flashes. Also, Grady (2016) reported that the main menopausal-related problems were found to be hot flashes and night sweats (experienced by about 65% of women) and are maximally experienced during the late menopausal transition period.

The study also revealed that there was significant relationship between vasomotor domain of menopausal related health symptoms and quality of life. Vasomotor domain of menopausal-related health symptoms affects women's quality of life. Most problems that are commonly reported was vasomotor problems (hot flushes and night/excessive sweat). This was in line with Franco, Muka, Colpani, Kunutsor, Chowdhury, Chowdhury and Kavousi (2015) that vasomotor menopause problems commonly occur one to two years before the menstrual bleeding stopped.

It was also revealed that there was significant relationship between psychosocial domain of menopausal-related health symptoms and quality of life. Psychological domain of menopausal-related health symptoms affects women's quality of life. Psychological problems (depression, anxiety, mood disorder, loss of memory, and sleeping problems). The physiological changes occurring due to decreasing estrogen levels can have a significant impact on a woman's quality of life throughout menopause. This corroborates the findings of Wenger, et al (2018) that women may experience numerous psychological changes related to the decreasing estrogen in menopause such as mood swings, depression, irritability, anxiety, and fatigue. Also, over 80% of women attest that psychological and physical problems are commonly associated with menopause, with diverse degrees in severity which affect women's health and quality of life (Baker, De Zambotti, Colrain, & Bei, 2018).

The study further revealed that there was significant relationship between physical domain of menopausal-related health symptoms and quality of life. Physical domain of menopausal-related health symptoms affects women's quality of life. Majority of women reported physical menopausal-related problems at the later end of menstruation, during and after menopause. This finding is in consonance with the submission of Baker, De Zambotti, Colrain, and Bei (2018) who found significant relationship between physical domain of menopausal-related health symptoms and quality of life. However, Yisma, Eshetu, Ly and

Dessalegn (2017) observed reduced muscle strength among the women of menopausal age, and attributed it to the reduction in the hormonal level, because it was observed that there was no declined pinch strength in women taken estrogen supplements

Besides, the study revealed that there was significant relationship between the sexual domain of menopausal-related health symptoms and quality of life. Sexual domain of menopausal-related health symptoms affects women's quality of life. The sexual domain encompasses vaginal problems, frequency in urination and sexual dysfunction. This study shows that the majority of menopausal women were overwhelmed with the burdens of menopausal symptoms which aggravate the existing ill health and medical conditions. This leads to poor quality of life and reduction in their sexual activities, necessitating them to seek non-medical interventions like spiritual assistance and rituals. This is in line with the study of Thapa and Yang (2019) who found similar result of about 60.0% of menopausal women experienced loss of libido during menopausal years.

Conclusion

It was concluded that the most severe symptoms in domains such vasomotor, psychosocial, physical and sexual domains were experiencing poor memory, hot flushes, low backache, being dissatisfied with their personal life, and change in their sexual desire while the mean scores of each domain suggest that menopausal symptoms were associated with decrease in women quality of life.

Recommendations

The following recommendations were made.

- 1) Health care providers need to play a more visible and instrumental role in continuously assessing menopausal women's needs as well as implement appropriate health education programs for women about the menopausal period and how to pass it safely
- 2) Developing and dissemination of educational material to raise community awareness about menopausal causes, needs, especially nutritional, psychological and emotional needs and possibility of symptomatic treatment.
- 3) There should be frequent training of nurses to be informative person, a supportive listener, able to encourage women for realistic coping methods and increasing their efficiency in helping menopausal women.

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