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Research Article

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Menopausal Experiences among Women in Addis Ababa

Belay Tefera Kibret[1]* and Biruk G. Mariam[2]

[1]*School of Psychology, College of Education and Behavioral Studies, Addis Ababa University, Addis Ababa*

[2]*Department of Psychology, Kotebe Metropolitan University*

***Corresponding author**
Belay Tefera Kibret, School of Psychology, College of Education and Behavioral Studies, Addis Ababa University, Addis Ababa, Tel: +251-111-225949, E-mail: belaytefera@Yahoo.com

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Abstract

The theme of women's menopausal experience remains to be a focus of scientific inquiry in the western and Asian nations. However, the issue has not been studied in the African (mainly Ethiopia) context. This research endeavored to explore this issue (menopausal age, awareness, attitude, and symptoms) among women in Addis Ababa. A total of 212 women were sampled from heterogeneous settings (health centers, schools, and business centers) to fill in the structured questionnaire. Findings indicated that the mean age at menopause was lower (45.34 years) compared to those reported in other nations and this age was unrelated to age at first menstruation. Participants were with moderate level of awareness as well as attitude about menopause but had experienced fewer menopausal symptoms. The correlation analysis yielded that while menopausal awareness was positively related with attitudes, experience of menopausal symptoms was, however, related neither to awareness nor to attitudes. ANOVA test yielded significant differences among educational, marital, and menopausal groups in menopausal experiences. However, the direction of impact was found varied group-wise for the different kinds of menopausal experiences. A number of inconsistencies were found between findings of the present study and those documented in previous research and this could be because of cultural differences.

Keywords: Menopausal awareness, Menopausal attitude and Menopausal symptom

Introduction

Empowering women for development involves identifying their developmental concerns and educating them with strategies that help coping effectively with these concerns. One such developmental concern emerging in the middle years is menopause. It is one of the two milestones in a woman's life; the other being 'menarche.' Both menopause and menarche are related to menstruation and are considered "markers" of transition. While 'menarche' heralds the onset of the menstrual cycle, 'menopause' represents 'the termination of menstruation [1, 2]. Menopause is defined as the time in the middle ages, usually in the late forties or early fifties, when a woman's menstrual periods and ovarian functioning completely cease due to loss of estrogen deficiency; signifying the end of women's ability to have children [3]. Natural menopause is recognized after 12 months of amenorrhea that is not associated with a pathologic cause [4].

Research findings indicate that menopause has a number of impacts on the life of women. Of prime menopausal impact is the implication it has on the health of women. It is accompanied with a host of such symptoms as hot flashes, nausea, fatigue, and rapid heartbeat in some menopausal women [3]. Many researchers studied symptoms associated with menopause and listed such other commonly experienced concerns as memory lapses and loss of concentration, headache, mood swings, dry skin, bone loss, hot flushes, vaginal dryness, urinary incontinence, weight gain, insomnia, sexual problems, heart discomfort, joint and muscular discomfort etc. [4]. In addition to this, some women also report depression, irritability, anxiety and other emotional problems [5]. Many studies have indicated that menopausal influences may even become worse when blended with such factors as low socioeconomic status and economic hardships, low educational level, limited employment opportunities, lack of access to information, cultural conflicts, lack of resources, and marginalization [6]. According to Melissa and colleagues, these experiences are likely to put menopausal women at risk of tremendous stress, hardship, suffering, and other challenges that complicate health and menopausal transition [6].

As a result of menopausal symptomatic problems as well as associated loss of reproductive capacity and childbearing, some women may develop negative attitudes towards menopause; which in turn complicates the problem. It has been consistently shown that negative attitudes toward menopause are associated with higher scores on depression scale, as well as with troublesome symptoms such as mood disturbances, bad memory, joint pain, and urogenital symptoms and hot flushes and night sweats [7, 8]. In fact, menopausal influence is also found to extend to defining their social positions because of the loss of reproductive ability [9].

These experiences, attitudes and symptoms are regarded as a universal biological process with a set course of symptoms and experiences shared by all women and all these symptoms caused by a single

factor– lack of estrogen [10]. Many other theoretical formulations stand in sharp contrast to this universalizing biomedical model menopause. For feminist scholars, for example, this biomedical model is deterministic, deficiency-oriented, and not women – centered [11]. Many feminine scholars emphasize the importance of exploring menopausal experiences with in the context of race, ethnicity, culture, gender, class, and other social locations in order to better understand the complexities of the biological and social phenomenon, particularly in the light of how these social factors lead to oppression and marginalization [12].The sociological model attempts to integrate the biological and feminist models as it focuses on lived experience of the body. It emphasizes the physical and emotional experiences, which are ultimately influenced by historical, cultural, and social factors (experiences are not completely social or physical [13]. For the 'lifespan perspective', menopause is varied not only culturally and cross-culturally but also longitudinally across the individuals' life course [14]. That is, menopause goes along with the ongoing life of women and experiences in this process (e.g. infectious disease, childbearing, and changes in marital status, smoking habits, and fluctuation in nutritional status…) are important events that give essence to menopause.

In a similar vein, many empirical studies have shown that menopausal transition cannot be considered as a process that is the same for all women. Rather, it is experienced differently in different ethnic groups and is, therefore, culturally constructed [15]. Comprehensive reviews that cover research on the relationship between culture and menopause show that the socio cultural organization of the course of life in specific geographical locations profoundly affects the age, meanings and experience of menopause.

Studies indicate, for example, that there are individual to individual and country to country variations in the age of menopause [6], menopausal experiences (Velasco cited in Astrand et al., 2009), and attitudes (Busch et al. cited in Astrand et al., 2009). Evidences indicate that women in the western countries are better informed and have more knowledge about menopause, its symptoms and health implication than women in other nations (Velasco cited in Astrand et al., 2009). As regards attitude towards menopause, it was still found to vary between cultures (Busch et al. cited in Astrand et al., 2009) such that in the Asian cultures, menopause is seen as a positive event marking transition to a higher status while it is seen as a loss of youthfulness and a source of discomfort in the Western countries [9]. The existence of a universal "menopausal syndrome" has still been debated for long. Evidences indicate that the constellation of symptoms experienced by most women as their estrogen levels decline are not universal; but that women experience a variety of symptoms depending on their individual and cultural influences (Hale cited in Astrand et al., 2009).

Last but equal important, a constellation of other ongoing lifespan events were identified as factors associated with menopausal experiences of a women within a given socio-cultural organizations. This would mean that women living in the same cultural setup may end up developing different menopausal life structure depending on their unique trajectories of menopausal life events. It has been shown in this regard that the mean age at menopause is determined over the lifespan by a combination of physiological and social factors including educational attainment, marital status, employment status, and age at menarche, to mention only some [16]. Lifestyle choices (Smoking, diet and reproductive behavior), educational level, marital status, socioeconomic status, social support of friends and family, family size, Menopausal Stage (whether a women is pre, peri, or post-menopausal) etc… are still some of the frequently mentioned factors causing variation in menopausal awareness and attitude within a given culture. Menopausal symptoms were also reported to be correlated with multiple contextual factors including age, educational level, socioeconomic status, number of children, diet (say consumption), health status, attitudes toward menopause and aging, Menopausal Stage, and interpersonal relationships [6]. Perhaps, we may single out educational level, Menopausal Stage, marital status, and family size as most recurrent factors affecting menopausal experience. This general pattern of menopausal experiences and some associated factors can be schematically presented as in Fig.1.

Research Questions

Menopausal experiences were exclusively explored research themes in the western and Asian countries. These research investigations indicated that the age of onset, symptoms, knowledge and attitude towards menopause vary cross-culturally. This suggests that the western and Asian experiences would hardly explain happenings in the Ethiopian culture. On the other hand, few studies exist so far explaining the situation in Ethiopia. For example, Daniel examined menopausal experiences in a rural (Dangila) Town and this study would hardly characterize the situation in an emerging metropolitan city like Addis Ababa [17]. Moreover, relevant socio-demographic variables like family size, ethnic group, and income level need to be examined. This study attempts to make modest contribution in the field by filling in these gaps. It specifically attempts to answer the following research questions:

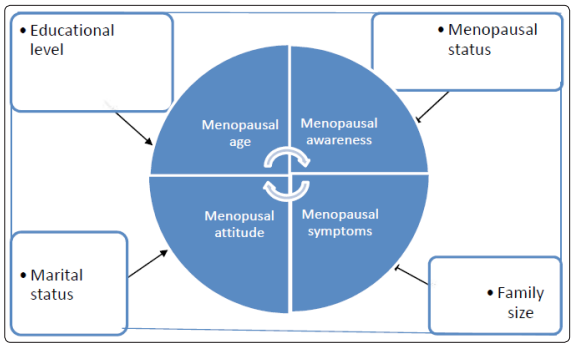

Figure 1: Conceptual map showing the relationship between menopausal experiences (knowledge, attitude and symptoms) as a function of salient life events

1. What is the average age at menopause in Addis Ababa? Does this age relate to age at first menstruation?
2. What is the women's level of awareness, attitude and symptoms of menopause?
3. How do these three components of the menopausal experience relate one another?
4. Are there significant differences in menopausal awareness, attitude and symptoms among different groups (educational status, marital status, Menopausal Stage)? Does family size affect menopausal experiences?

Methods

Participants

The target population of this study consisted of women with ages between 35-60 years. The stipulated age range was considered so that it would allow accessing women in the entire Menopausal Stage

(namely pre, peri and post-menopausal stage). These women were accessed from three different target centers (health center, schools, business center) in Lideta and Yeka sub cities of Addis Ababa to ensure inclusion of diverse (professional, educational, and income) characteristics. Participants sampled from the first center were women who visited Yeka Sub-City Kotebe Health Center (Yeka Kifle Ketema Yekotebe Tena Tabiya) for medical treatment. The second group of participants was sampled from teachers and administrative workers of Limat Minch Primary and Africa Hibret Secondary Schools. The third group was sampled from small scale enterprises (involved in food preparation and environmental cleaning services) in Woreda 11 of the Yeka Sub-City. These enterprises were 'Biruh Tesfa', 'Berhan Behibret', 'Shewit', 'Genet, Roman and her Friends' and 'Selam'.

A total number of 212 participants were sampled for the study following a blend of purposive (availability and snow ball or chain) and probability sampling techniques. While the non probability option was pursued in situations where the pool was either limited or not known, the probability option was put in place when the researchers came across a pool that was defined and relatively larger. Table 1 presents details of the sampling process involved.

Table1: Description of sampling procedure

Name of the sample institution	Sample Sub city	Population size	Sample Size	Sampling technique
1.Yeka Sub City YeKotebe Tena Tabiya		Unknown	66	Availability Sampling
2. Woreda 11small scale enterprises (Environmental cleaners)	Yeka Sub City	200	54	Availability sampling
3. Limat Minch Primary School (Teachers and administrative workers)	Lideta Sub City	112	44	Availability sampling
4. Africa Hibret Secondary School (Teachers and administrative workers)	Lideta Sub City	120	48	Availability sampling
Total			212	

Instrument

The instrument employed for data collection was a structured questionnaire consisting of four parts: bio-data (part one), menopausal awareness (part two), attitude towards menopause (part three), and menopausal symptoms (part four).While items in the first two parts of the questionnaire were assembled by the present researchers from the review of related literature, items of the third section were adapted from Attitude Towards Menopause (ATM) checklist originally developed by Neugarten and colleagues in 1963 and was later modified by Huffman and colleagues in 2005 (cited in Osarenren et al., 2009, PP.159). Neugarten and colleagues initially developed a questionnaire having 22 items but Huffman and colleagues latter modified and reduced it to 19 items with two point scales ('Agree' and 'Disagree'). For the purpose of this study, however, one additional item was added by the researchers making a total of 20 items and the scale points were raised to five point scales. The fourth part, consisting of items asking about menopausal symptoms, was adapted from Daniel's Dangila-based study [17]. A total of 20 items asking menopausal symptoms were included to be rated on a five point scale.

Data Analysis

Descriptive statistics (mean, standard deviation, range, frequency and percentage) was conducted at the beginning to give a summary account of the nature of the data. Then, one sample t-test was conducted to determine the level of menopausal experiences (awareness, attitude and symptoms). Once the level of these menopausal experiences was determined, then attempts were made to test whether there are differences among women of different background (educational status, marital status, and Menopausal Stage) in these menopausal experiences through one way ANOVA. Following significant F- ratios of the ANOVA test, further Post hoc multiple comparisons were done using Scheffe's mean comparison method to figure out the specific groups making these significant F-ratio. However, the possible association between women's background factors (represented in a form of continuous variable) and menopausal experiences were examined through Pearson Product Moment Correlation technique. These background factors were family size and age of menarche.

Results

In this section, data are summarized, presented and analyzed in relation to the objectives of the study.

1. Age at Natural Menopause and its relationship with menarche

The minimum and maximum ages at first menstruation were respectively 9 and 19 years and the mean was found to be 13.80 years. The minimum and maximum ages of last menstruation were respectively 35 and 55 years and the mean age was 45.34 years. Table 2 presents the summary of these descriptive measures as well as their relationships.

Table 2: Ages of menarche and menopause and correlations of the two

Variable	Minimum age in years	Maximum age in years	Mean age	N	r	Sig
Menarche	9	19	13.80	201	.104	.07
Menopause	35	55	45.34			

A Pearson Product Moment correlation was calculated to check if age at menopause is correlated with age of menarche. Test of significance of this correlation index suggested that the two ages were not significantly correlated (r_{201}=0.104, p>0.05).

2. Menopausal Awareness, Attitude and symptoms

It may be of prime importance here to examine the extent of women's level of awareness about and attitude towards menopause and their experience of menopausal symptoms. Table 3 presents the descriptive measures as well as the one-sample mean test result.

Table 3: Summary of findings on women's menopausal experience computed through one sample t-test (n=197)

Dependent Variables	n	No. of items	Expected mean	Observed mean	Std. Deviation	t- result	df	Sig. (2-tailed)
Awareness	197	13	39	26.89	4.38	2.862	196	.000
Attitude	199	20	60	64.71	9.84	6.746	198	.000
Symptoms	199	20	60	44.05	12.28	18.326	198	.000

*P<.0.05

As it can be referred to Table 3, the observed sample means are significantly different from the expected mean: level of awareness (t196=2.86, P<0.05), attitude (t 198= 6.75, P<0.05) and symptoms (t, 198= -18.33, P<0.05).

3. Correlation among Menopausal Experiences (and Family Size)

Table 4 presents the inter-correlation matrix among the menopausal experiences (awareness, attitude, number of symptoms experienced). Family size is also included here for the sake

Table 4: Summary of Pearson product moment correlation among variables (n=146)

Menopausal experiences	Awareness	Attitude	Symptom	Family size
Awareness	--			
Attitude	.215**	--		
Symptom	-.014	-.062	--	
Family size	.083	.104	.056	--
** Correlation is significant at 0.01 levels (2- tailed)				

of convenience of presentation of findings. However, it will be analyzed latter along with the analysis of the roles of other socio-demographic characteristics.

Note in Table 4 that there is a strong correlation only between awareness and attitude (r_{201}=.215<.05). Number of symptoms experienced does not affect both awareness and attitude.

4. Menopausal Experiences by Socio- Demographic Factors

Family size and Women's Menopausal Experiences: To begin with the role of family size, the correlation matrix in Table 4 presents a finding that family size was not related to all measures of menopausal experiences.

Educational status and Women's Menopausal Experiences: On the other hand, the role of educational status was examined through One Way ANOVA yielding that there were no significant differences among women of different educational background in menopausal attitude (F 3,195 =2.165, P>0.05) and symptoms (F 3,195 =1.038, P>0.05). However, there was a statistically significant difference in menopausal awareness as a result of differences in educational status (F 3,193 =9.060, P<0.05). Scheffee's post hoc analysis showed that participants with college education and above were consistently different in menopausal awareness from all the three groups.

Marital Status and Women's Menopausal Experiences: The role of marital status in menopausal experiences was again examined through One Way ANOVA. The results showed that there was statistically a significant difference in menopausal level of awareness (F3, 193 = 4.993, p<0.05) and symptoms (F3, 195 =4.692, p<0.05) by marital status. Nevertheless, there is no significant difference on menopausal attitude as a result of marital status (F3, 195=.926, p>0.05). Scheffee's post hoc analysis shows that unmarried women are different from divorcees in menopausal awareness.

Menopausal Stage and Women's Menopausal Experiences: Menopausal Stage represents the stage of menopause in which the menopausal woman finds herself in. Three phases are commonly identified. The ANOVA showed that there was no significant difference among the three groups in menopausal awareness (F2, 194 = 2.969, p>0.05) and attitude (F2, 196 = 2.386, p>0.05).Conversely, there was a statistically significant difference in menopausal symptoms (F 2,196 =9.647, p<0.05). And, the post hoc comparison yielded that women with post-Menopausal Stage were significantly different in menopausal symptoms from the other two groups (pre and perimenopausal Stage).

Discussion

A significant developmental transition that bears multifarious effect in the life of women in the middle years is menopause. Research has consistently shown that the age, meaning, impacts and implications of this menopausal experience varies cross culturally, with in cultures across groups, and within an individual women across menopausal periods. Primed with the place menopausal transitioning assumes in the development of women and inspired with lacuna of research in the field particularly in Ethiopia, this research has attempted, first and foremost, to determine the average age of menopause. It then attempted to examine menopausal experiences, and finally the factors that give essence to these menopausal experiences.

Age at Natural Menopause and Menarche and their Correlation

One of the main focus of this study was to investigate the average age at menopause among a sample of women in Addis Ababa and how this age would co-vary with age at first menstruation. The average reported age at menopause (i.e. 45.34 years) in the present study is somehow comparable to the finding obtained in one previous local research conducted in a semi urban town of Gojjam (i.e. Dangila) reporting the average menopausal age to be 46.35 years. It appears generally that menopausal age in Addis Ababa occurs, on the average, 10 years earlier than the average life expectancy stipulated for women in Ethiopia (54.3 years) [17]. This puts the age of menopause in Addis Ababa to be much shorter than those previously reported for Italy (50.9 years), Iran (49.6 years), Slovenia (52.03 years), Korea (49.3 years) , Lebanon (49.3 years), Singapore (49.1 years) , Morocco (48.4 years), Mexico (48 years), Han Chinese in Taiwan (48 years), and in Turkey (48 years) [6].

The inability of Ethiopian women to acquire the expected nutritious food stuff, perhaps early induction into childbearing and failure to get adequate maternal care in the health centers due to the existing poverty may attribute for the Ethiopian women to experience menopause earlier than developed countries. Above and beyond this point, the awful poverty in the country also lowers the average life expectancy of women in Ethiopia. The question is how far age at first menstruation affects onset of menopause. In fact, it was observed that age at menarche in our present sample (13.80) was much smaller than the one reported earlier (i.e. 14.53) (Tirusew cited in Belay, 2008); a decline in about 0.73 year nearly in two decades alone. This finding perfectly reflects the notion of a secular trend in which the average age of menarche has been declining across generations following improved standard of living and advances in medical services (Petersen cited in Santrock, 2004). The average age at menarche has now gone down in many countries from 13.3 for women born prior to the 1920s to 12.4 years but the average age at menopause has been around 51.5 for decades [18].

The result of the correlation analysis between ages of menarche and ages of menopause indicated that there was no significant relationship between them. This finding is in line with Chumlea and colleagues' findings that a woman has only so many cycles

in her life and if she menstruates later, she will reach menopause later, but that doesn't seem to be true [18]. Although the average age of menarche (onset of first menstrual period) has been getting younger in women, there hasn't been a corresponding shift in the average age at menopause.

Menopausal awareness, attitude and symptoms

The second objective of this study was to determine the general status of women's menopausal experiences (namely menopausal level of awareness, attitude and symptoms).

It is obvious that knowledge about menopausal changes is quite crucial for successfully managing the associated changes. Hence, attempts were made to check women's level of awareness about menopause and associated changes. The result has shown that the sampled women have better awareness compared to those studied in Dangila Town [17]. Although their knowledge appears commendable, it is, however, much lower even by the Asian standards. For example, the findings of the study done in Pakistan has indicated that about 78.79% women were aware about menopause but only 15.87% had knowledge about symptoms and health implication of menopause [19].

Menopausal attitudes are still one of the crucial variables in the successful management of menopause. These attitudes can create positive or negative expectations and behaviors which facilitate or limit the successful management of menopause. It is important to obtain an accurate picture of women's attitudes toward menopause as these attitudes are predictors of successful management of menopause of women of different ages, parity, educational qualification etc. [20]. Accordingly, the finding of the present study revealed that respondents had a (moderately) positive attitude towards menopause alike those in India, China and other Asian countries, where menopause is seen as a positive event mainly because the level of prestige and social status increases with age [9]. Similar findings were observed in the previous study done at Dangila Town in which the sampled women were observed having favorable attitude towards menopause [17]. However, these findings are not in agreement with women in the western society who view menopause as a signal for the end of usefulness and reproductive capability [21].

Regarding menopausal symptoms, the result of the analysis showed that women are experiencing lower menopausal symptoms. The same experience was reported among women in Dangila Town and Japan [9, 17].This lesser experience of menopausal symptoms may be because of women's positive attitudes [22]. According to Papini and Goodwin positive attitude toward menopause was associated with women who reported fewer menopausal symptoms and vice versa [22].

Relationship among menopausal knowledge, attitude and symptoms

The findings in this study have shown that as it is expected there is a significant correlation between menopausal awareness and attitude. Lack of relationship between menopausal awareness and attitude with symptoms observed in this study needs to be explored further because this is in contradiction with other studies. For example, according to Papini and Goodwin positive attitudes toward menopause are associated with positive experiences of menopause whereas negative attitudes are associated with both negative symptoms and negative experiences [22]. Other findings have indicated that attitude was more positive when symptoms were low [7].

Menopausal Experiences by Socio- Demographic Factors

A number of factors were documented in literature affecting menopausal experience. Educational level was one such variable considered for examination in this study, too. It was found that women with college education stood out distinct in terms of their awareness suggesting that education improves awareness as expected. However, education was found to have little effect on attitude and symptoms suggesting that this finding rather appears to add fuel to the existing controversy than solving it. According to Papini and Goodwin's educated women were reported to hold a more positive attitude in the western culture [22]. However, research conducted in Taiwan confirmed that literate women have the least positive attitude [23]. Concerning symptoms, Flint and Samil (cited in Melissa et al., 2004) reported that educated women reported more frequent and experience more severe symptoms than uneducated.

With respect to the effect of marital status on women's menopausal awareness, attitude and symptom, the results showed that there is statistically significant difference in menopausal level of awareness and symptoms by marital status in contrast to the finding by Daniel (reporting lack of statistically significant difference in menopausal symptoms across marital status) but in support of Al-Sejiri's observation that Saudi women's menopausal symptoms do vary significantly across marital status [14, 17]. Inconsistencies in this area are still observed with respect to menopausal attitude. Whereas the current study indicated a non-significant effect on attitude coming as a result of differences in marital status, other findings suggested that the widowed and divorced women do have positive attitude toward menopause.

Finally, different investigations indicate that menopausal experience is affected by the phase the menopausal women finds here self in. Particularly, postmenopausal women were found to report the most positive attitudes toward menopause, which may indicate that once women have gone through menopause they find it to be less troubling than they anticipated earlier in life [7]. In sharp contrast to existing body of knowledge, the present study came up with a finding that there is no difference in awareness and attitude among women in different phases of menopause except for symptoms in which premenopausal women were found to report experiencing more symptoms than the peri-menopausal group. In fact, Kresovich (cited in Ayers et al., 2009) has also suggested that there's no difference at least in attitudes. In fact, the popular SWAN Project also found that Menopausal Stage was not a strong predictor of attitude. For the sample as a whole, the premenopausal and early peri-menopausal women tended to be less positive in attitude, a finding in accord with previous research. However, the difference by menopause status was neither substantial nor consistent across ethnic groups, suggesting that factors other than direct experience with menopause or its imminence are playing a role in attitude [24, 25].

Conclusions

This research obviously has a limited sample that may not widely represent women in Addis Ababa. The instruments may also need to be standardized with sufficiently larger sample. Despite these limitations, the following conclusions were drawn from the data at hand.

1. Age at last menstruation among women in Addis Ababa appeared lower by international standards. This age was unrelated with age at first menstruation
2. Sampled woman had a lower awareness and positive attitude

towards menopause. The result of the study also yielded that the women have experienced mild menopausal symptoms.

3. There was a strong relationship between menopausal awareness and attitude. No relationship was, however, found between awareness as well as attitude with experiences of symptoms.
4. Unlike family size, other variables examined for possible impacts on menopausal experiences (i.e. educational status, marital status, and Menopausal Stage) were found to have different kinds of effect on menopausal experiences. However, the findings were inconsistent with findings documented in different countries possibly because of cultural differences, differences in sampling procedures, representativeness of the sample, and a number of other factors.

Even though the study was aimed at providing information regarding basic menopausal experiences among women, it appeared useful for forwarding some practical recommendations based on the finding of the study.

- Educational institutions and health care centers need to exert efforts to raise women's menopausal awareness. The awareness creation possibilities can also be enriched through print and electronic media, pamphlets and Brushier on menopausal facts.
- The attitudes of woman towards menopause will invariably influence women's menopausal experiences. Therefore, women need to be encouraged to develop positive attitude towards menopause through altering their perception regarding menopause. Moreover healthcare professional and counselors need to work to alter negative perception and attitudes held by menopausal women.
- Taking the initiative to provide Hormone Replacement Therapy (HRT) services can also help some menopausal women with serious negative symptoms associated with menopausal changes.
- Other potentially salient variables like household income, ethno-cultural group comparisons, geographic location (urbanrural setting), employment status etc. need to be researched to identify how they possibly impact on menopausal experiences.
- It would also be necessary to conduct further research on issues raised in this research with wider sample that help improving the external validity of the current research findings.

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