



# Severity of Menopausal Symptoms among Women in Urban and Rural Areas of Nigeria

Madugu, Doris Lami

Department of Sociology, Faculty of Social Sciences, Federal University Wukari, Taraba State, Nigeria

Corresponding Author: [lamidoris1@gmail.com](mailto:lamidoris1@gmail.com)

## Abstract

Menopause is an inevitable phase in a woman's life that signifies the end of her reproductive years. This study investigates the differences in menopausal symptoms experienced by women in urban and rural areas of Nigeria, focusing on the influence of healthcare access, education, and cultural beliefs. The primary objective is to understand how these factors contribute to the variation in symptom prevalence and severity, providing insights for targeted healthcare interventions. Grounded in the Health Belief Model, which posits that individuals' beliefs about health problems influence their health behaviors, this study utilized the qualitative data were gathered via in-depth interviews with 30 women from both settings to capture nuanced perspectives on their menopausal experiences. Findings reveal that urban women report a higher prevalence of menopausal symptoms, such as hot flashes, night sweats, and mood swings, compared to their rural counterparts. This disparity is attributed to greater health awareness and higher educational levels in urban areas, which lead to better symptom reporting. Conversely, rural women experience more severe symptoms due to limited access to healthcare and pervasive cultural taboos that discourage open discussion about menopause. The study concludes that while urban women are more likely to report menopausal symptoms, rural women endure more severe experiences due to systemic healthcare and educational disparities. Recommendations include enhancing healthcare infrastructure in rural areas, increasing educational outreach to demystify menopause, and fostering cultural shifts to encourage open dialogue about women's health issues. These measures can help mitigate the challenges faced by menopausal women and improve their quality of life.

**Keywords:** Menopause, Urban vs. Rural, Healthcare Access, Education, Cultural Beliefs.

## Introduction

Menopause is a natural biological process that occurs in women, marking the end of their reproductive years. It is a transitional phase characterized by hormonal

changes that can result in a wide range of physical, emotional, and psychological symptoms. In recent years, there has been an increasing global focus on women's health and well-being, with menopause being recognized as a key aspect of women's health. The impact of menopause symptoms on women's daily lives, productivity, and

overall quality of life cannot be understated. Research has shown that knowledge and awareness of menopause symptoms play a critical role in women's ability to effectively manage their symptoms and seek appropriate healthcare support (Daley et al., 2022).

The history of menstruation is complex, with diverse cultural beliefs and practices shaping its perception throughout time. The term "menstruation" derives from the Latin word "mensis," meaning "month," highlighting its cyclical nature. According to World Health Organization. (WHO, 2019), menstruation is the process of shedding the uterine lining, typically occurring every 28 days but varying among women. It serves as an indicator of non-pregnancy and ceases after menopause, which marks the permanent end of menstruation. In ancient civilizations, menstruation was accompanied by numerous cultural taboos and beliefs. For instance, in ancient Egypt, menstrual women were segregated due to the perception of ritual impurity. Similarly, ancient Greece held beliefs about women's physical and emotional fragility during menstruation (Chrisler, & Gorman, 2010). These cultural perspectives influenced the treatment of menstruating women.

The understanding of menstruation improved during the late 19th and early 20th centuries with advances in medical knowledge. Menstruation was recognized as a sign of fertility and the capacity for childbearing. However, myths and stigma surrounding menstruation persisted, leading to misconceptions and misdiagnosis of

menstrual disorders. Omar et al. (2021), established, that, in recent years, there has been a global movement to destigmatize menstruation, led by women's health advocates. They argue that menstruation is a natural and healthy process that should not be hidden or associated with shame. This movement has resulted in increased awareness of menstruation in the public sphere and the availability of resources to support women in managing their menstrual cycles.

Additionally, Santoro and Epperson (2017) explained that menstruation and menopause are both influenced by hormonal changes in a woman's body. During menstruation, the levels of estrogen and progesterone fluctuate, leading to the shedding of the uterine lining. In menopause, there is a decline in ovarian function, resulting in decreased production of these hormones. The phase that follows menstruation is menopause, which also has a historical background. Menopause was previously linked to negative notions of women growing "old" or losing their femininity. However, advancements in science and societal progress have led to a recognition of menopause as a normal stage of life with unique challenges and health concerns.

The history of menstruation is characterized by diverse beliefs and practices across cultures. Menstruation has been perceived as a sign of fertility and power in some cultures, while in others, it has been associated with impurity and shame. In the Western world, menstruation has historically

been a taboo subject due to its connection with blood, which has symbolized death and decay. Consequently, menstruating women have often faced exclusion from religious and social activities. Overall, the history of menstruation reflects a gradual shift towards increased understanding, destigmatization, and recognition of its natural significance. This evolution is essential for promoting women's health and well-being and fostering a more inclusive and supportive societal attitude towards menstruation.

The end of menstruation with menopause brings both potential health risks and benefits. While menopause is associated with an increased risk of certain health conditions such as osteoporosis and cardiovascular disease, it also signifies the end of reproductive-related health risks such as menstrual cramps, premenstrual syndrome (PMS), and the risk of reproductive cancers (Erel, 2019). It was established by Brigham & McLoughlin (2017), that as women approach menopause, their menstrual patterns may change. Menstrual cycles can become shorter, longer, or irregular, and the flow may vary in intensity. Eventually, menstruation ceases altogether, signaling the onset of menopause.

It is important to note that menstruation ceases with menopause, which marks the end of a woman's reproductive years. As menopause approaches, menstrual cycles may become irregular, and eventually, menstruation stops altogether. This transition is accompanied by various hormonal changes and the onset of menopausal symptoms. Menopause is a

natural stage in a woman's life when her ovaries stop producing eggs. This typically occurs between the ages of 45 and 55, but it can happen earlier or later. Menopause is often accompanied by a number of symptoms, including hot flashes, night sweats, vaginal dryness, mood swings, and fatigue. Though it is a natural part of aging, however, it can be a difficult time for many women. The symptoms of menopause can be disruptive and uncomfortable, and they can have a significant impact on a woman's physical and emotional health.

Menopause describes the permanent cessation of menstruation, resulting from the decline of reproductive hormones, particularly estrogen and progesterone. It is typically divided into three stages: perimenopause, menopause, and postmenopause. Each stage presents unique symptoms and challenges for women as explained below:

- Peri-menopause is the time leading up to menopause, and it can last for several years. During perimenopause, the ovaries gradually start to produce less estrogen and progesterone. This can lead to a variety of symptoms, including irregular menstrual periods, hot flashes, night sweats, vaginal dryness, and mood swings.
- Menopause is the final stage of the menopausal transition, and it is defined as the time when a woman has not had a menstrual period for 12 consecutive months. During menopause, the

ovaries stop producing eggs and the levels of estrogen and progesterone decline. This can lead to a variety of symptoms, including hot flashes, night sweats, vaginal dryness, mood swings, and fatigue.

- Post-menopause is the time after menopause, and it can last for many years. During post menopause, the ovaries no longer produce eggs and the levels of estrogen and progesterone are very low. This can lead to a variety of symptoms, including vaginal dryness, bone loss, and an increased risk of heart disease and stroke.

The symptoms of menopause can vary from woman to woman, and they may be mild or severe. The severity of the symptoms is often related to the woman's age at menopause. Women who go through menopause earlier in life tend to have more severe symptoms than women who go through menopause later in life. Various factors can influence the knowledge and awareness of menopause symptoms among working-class women across different regions and cultures. Educational background, access to healthcare information, cultural beliefs, and social support networks are among the factors that shape women's understanding of menopause and its associated symptoms (Cooper et al., 2021). Recognizing the existing knowledge gaps and identifying areas for improvement can help in

developing targeted interventions, educational programs, and support systems that promote awareness and support for women experiencing menopause.

## Statement of the Problem

Despite the growing interest in women's health globally, research specifically focusing on menopause among working-class women in tertiary schools remains limited. Therefore, further investigation is needed to understand the knowledge and awareness levels of menopause symptoms in this population and to develop evidence-based interventions accordingly.

The lack of knowledge and awareness about menopause can have a significant impact on working class women. Women who are not aware of the symptoms of menopause may not seek treatment, which can lead to further health problems. Additionally, women who are not aware of the natural course of menopause may experience anxiety and depression.

Considering the global nature of menopause and the diverse experiences of women worldwide, it is essential to examine the knowledge and awareness of menopause symptoms among working-class women in tertiary schools on an international scale. Tertiary schools provide a significant platform for education, personal development, and community engagement among working-class women. Understanding their level of knowledge and awareness can help tailor interventions, educational programs, and support systems

to address their specific needs during menopause.

A study by Pathak et al. (2021) was conducted in India and included 200 working class women, the study found that the women had a limited knowledge of menopause symptoms. Only 32.7% of the women were aware of the symptoms of hot flashes, night sweats, and vaginal dryness. The women were also less aware of the long-term health risks associated with menopause, such as osteoporosis and cardiovascular disease.

The systematic review by Reda, et al. (2021) included 15 studies from 10 countries. The studies were conducted in a variety of settings, including schools, workplaces, and healthcare settings. The results of the review showed that working class women had significantly less knowledge about menopause than middle-class women. The most common areas of misunderstanding were the symptoms of menopause, the natural course of menopause, and the treatment options available. There is a scarcity of research that specifically focused on the knowledge and awareness of menopause symptoms among working-class women in tertiary schools. This study will address this research gap and contribute to the existing body of knowledge by providing insights into the experiences and needs of this specific population.

## Influence of Healthcare Access

Access to healthcare is a critical determinant of the quality of life for menopausal women. In urban areas of Nigeria, healthcare facilities are generally more accessible, and women are more likely to seek medical advice and treatment for menopausal symptoms. This accessibility contributes to higher health awareness and better diagnostic services, leading to more frequent and accurate reporting of menopausal symptoms among urban women. For instance, a study by Afolabi and Bamgboye (2020) found that women in urban settings are more likely to report symptoms such as hot flashes, night sweats, and mood swings due to their greater access to healthcare resources and information.

Urban women benefit from proximity to healthcare facilities, availability of specialized care, and regular health screenings, which enhance their ability to recognize and manage menopausal symptoms. These factors collectively contribute to a higher prevalence of symptom reporting in urban areas, as women are more informed and proactive about their health (Afolabi & Bamgboye, 2020). Additionally, urban settings often provide more opportunities for educational outreach and support groups, which can further increase awareness and understanding of menopause.

In contrast, rural areas in Nigeria often suffer from a lack of healthcare infrastructure, leading to lower rates of

symptom reporting and management. Okonofua et al. (2021) highlight that rural women face significant barriers to accessing healthcare, including long distances to health facilities, limited availability of trained healthcare professionals, and inadequate medical supplies. These challenges result in fewer opportunities for rural women to receive timely and effective treatment for menopausal symptoms, exacerbating their health issues. The disparity in healthcare access between urban and rural areas highlights the need for improved healthcare services in rural regions to address the unmet needs of menopausal women. Enhancing healthcare infrastructure, increasing the number of trained healthcare providers, and ensuring the availability of essential medical supplies are critical steps in bridging this gap.

### **Role of Education in Menopausal Symptom Management**

In urban areas, women with higher educational levels demonstrate greater awareness of menopause and its associated symptoms. They are more likely to recognize common symptoms such as hot flashes, night sweats, mood swings, and vaginal dryness, and seek timely medical advice (Akinloye & Olorunshola, 2022). The study by Akinloye and Olorunshola (2022) further emphasized that higher educational attainment correlates positively with increased knowledge and reporting of menopausal symptoms among urban women. This demographic tends to benefit from better access to educational resources, health information, and healthcare facilities,

which collectively enhance their ability to manage menopausal transitions effectively.

Conversely, in rural settings characterized by lower educational levels, there exists a significant lack of awareness and understanding of menopause. Women with limited education often underreport symptoms and engage in inadequate self-care practices due to misconceptions or insufficient knowledge (Adeyemi & Ijarotimi, 2020). Adeyemi and Ijarotimi (2020) highlight that rural women may not recognize menopausal symptoms as health-related issues requiring medical attention, leading to delays in seeking appropriate care. The disparities in menopausal symptom awareness and management based on educational background underscore the critical role of education in promoting women's health. Efforts to improve educational opportunities and literacy rates in rural areas are essential for empowering women with the knowledge and skills to recognize, manage, and seek treatment for menopausal symptoms.

### **Impact of Cultural Beliefs on Menopausal Symptom Management**

In many rural parts of Nigeria, cultural taboos and misconceptions about menopause persist. These beliefs often portray menopause as a negative transition associated with loss of fertility and aging, leading to stigma and social isolation for menopausal women. Such cultural views can discourage women from seeking help or discussing their symptoms openly, thereby hindering effective management and

exacerbating their health issues. Umeora and Egwuatu (2019) highlight that in some communities, menopausal women are considered "unproductive," leading to their marginalization and decreased social status. This stigma can prevent women from accessing necessary healthcare services and support, thereby increasing their vulnerability to severe menopausal symptoms. Furthermore, traditional beliefs in rural areas may attribute menopausal symptoms to supernatural causes or view them as inevitable aspects of aging that do not require medical intervention. This lack of understanding and acceptance can result in women suffering in silence, unaware that effective treatments and support are available (Umeora & Egwuatu, 2019).

In contrast, urban areas in Nigeria tend to exhibit a more progressive attitude towards menopause. While some cultural beliefs and misconceptions persist, there is generally a greater openness and acceptance of menopause as a natural life transition. This progressive attitude is supported by better access to education and healthcare, which equips women with the knowledge and resources to manage their symptoms more effectively (Nwokocha & Nwokocha, 2021). Urban women are more likely to seek medical advice, participate in support groups, and use evidence-based treatments to alleviate menopausal symptoms, reflecting a shift towards a more informed and proactive approach to menopause (Nwokocha & Nwokocha, 2021).

The impact of cultural beliefs on menopausal symptom management underscores the importance of culturally sensitive health education and outreach programs. These programs should aim to dispel myths and misconceptions about menopause, promote open discussions, and encourage women to seek appropriate medical care. Healthcare providers need to be aware of these cultural influences and tailor their interventions to address the unique needs and concerns of women from different cultural backgrounds.

### Health Belief Model (HBM)

The Health Belief Model (HBM) is a psychological model that helps explain and predict health behaviors by focusing on the attitudes and beliefs of individuals. The Health Belief Model (HBM) was developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey Hochbaum, and Stephen Kegeles. It was created to understand why people fail to adopt disease prevention strategies or screening tests for early detection of diseases. It consists of several key components:

- 1. Perceived Susceptibility:** The belief refers to an individual's belief about the likelihood of experiencing a particular health problem. In the context of menopausal symptoms among women, this concept is crucial. Women's perception of their likelihood of experiencing menopausal symptoms can significantly influence their health-seeking behavior. If a woman believes she is likely to experience severe

menopausal symptoms, she might be more proactive in seeking information and healthcare. Conversely, if she perceives her susceptibility as low, she may neglect important preventive measures or treatments. Research indicates that increased awareness and education about the prevalence of menopausal symptoms can enhance perceived susceptibility, leading to better preparedness and proactive health management (Pathak et al., 2021).

- **Urban Women:** May be more aware of menopause due to easier access to information and healthcare professionals. They might have a higher perceived susceptibility based on family history or media portrayals.
- **Rural Women:** Limited access to healthcare and cultural beliefs might lead to a lower perceived susceptibility. Menopause may be seen as a natural part of aging without specific symptoms.

**2. Perceived Severity:** The belief about the seriousness of a health problem and its potential consequences. This encompasses women's understanding of the impact of menopausal symptoms on their quality of life. Symptoms like hot flashes, night sweats, and mood swings can significantly affect daily functioning, emotional well-being, and social interactions. If women recognize the severe impact these symptoms can have, they are more

likely to seek timely medical intervention and support. Studies show that urban women, due to better access to information and healthcare services, often have a higher perceived severity of menopausal symptoms compared to their rural counterparts (Afolabi & Bamgboye, 2020).

- **Urban Women:** Exposure to medical information could lead to a heightened perception of the severity of menopausal symptoms. Concerns about long-term health consequences like osteoporosis might be more prominent.
- **Rural Women:** Cultural beliefs may downplay the severity of symptoms. Menopause might be viewed as a normal transition with minimal disruption to daily life.

**3. Perceived Benefits:** The belief in the efficacy of the advised action to reduce the risk or seriousness of the health problem. For menopausal women, this involves their beliefs about the benefits of seeking medical advice and treatment for their symptoms. If women believe that consulting healthcare providers and following medical advice will alleviate their symptoms and improve their quality of life, they are more likely to take such actions. Evidence suggests that educating women about the benefits of hormone replacement therapy and other treatments can increase their likelihood of seeking



professional help (Akinloye & Olorunshola, 2022).

- **Urban Women:** May have a greater belief in the benefits of seeking medical advice and treatment due to easier access to healthcare professionals and knowledge about available options like hormone replacement therapy (HRT).
- **Rural Women:** Limited access to healthcare and potentially lower perceived severity might lead to a weaker belief in the benefits of seeking professional help. Traditional remedies or cultural practices may be seen as sufficient.

4. **Perceived Barriers:** The belief about the tangible and psychological costs of the advised action. This includes the obstacles women face in accessing healthcare, such as cultural taboos, stigma, and lack of facilities, particularly in rural areas. In many parts of Nigeria, cultural beliefs and misconceptions about menopause can discourage women from seeking help. Additionally, logistical challenges such as distance to healthcare facilities, financial constraints, and lack of trained healthcare providers further hinder access to necessary care. Addressing these barriers is essential for improving the health outcomes of menopausal women (Okonofua et al., 2021).

- **Urban Women:** Financial constraints, work schedules, and

childcare responsibilities could be perceived barriers to seeking healthcare.

- **Rural Women:** Significant barriers include distance to healthcare facilities, cultural taboos around discussing menopause, lack of female healthcare providers, and potential stigma associated with seeking treatment.

5. **Cues to Action:** Factors that trigger individuals to take action. In the context of menopause, this includes education and awareness programs that prompt women to seek help. These cues can be in the form of community health workshops, media campaigns, or advice from healthcare professionals. Effective cues to action are essential for encouraging women to recognize the importance of managing menopausal symptoms and to seek appropriate care. Studies have shown that targeted education and awareness campaigns can significantly increase healthcare utilization among menopausal women (Reda R. Ali et al., 2021).

- **Urban Women:** Media campaigns, educational programs, and workplace wellness initiatives could serve as cues to action, prompting them to seek information and healthcare resources.
- **Rural Women:** Community outreach programs, culturally sensitive education delivered by

trusted figures, and mobile health clinics could act as cues to action, overcoming existing barriers.

**6. Self-Efficacy:** Confidence in one's ability to take action. For menopausal women, this relates to their confidence in managing their symptoms effectively. Higher self-efficacy is associated with better health outcomes, as women who believe in their ability to manage their symptoms are more likely to adopt and adhere to beneficial health behaviors. Empowering women with knowledge, skills, and resources to manage menopause can significantly enhance their self-efficacy. Research indicates that interventions aimed at improving self-efficacy can lead to better symptom management and overall quality of life for menopausal women (Adeyemi & Ijarotimi, 2020).

- **Urban Women:** Having access to healthcare professionals and knowledge about managing symptoms can boost self-efficacy in handling menopause effectively.
- **Rural Women:** Limited knowledge and access to resources might lower self-efficacy. Building confidence in self-care practices and traditional remedies could be a starting point.

## Strengths

- The HBM uses clear concepts that are easy to grasp by researchers, healthcare providers, and even the target population itself. This allows for its use across diverse cultures and educational backgrounds.
- By identifying individual beliefs and perceptions as core influences on behavior, the HBM provides a framework for designing targeted interventions. Public health campaigns or educational programs can address specific concerns and tailor messages to resonate with the target audience.
- The HBM emphasizes the importance of understanding individual perceptions and beliefs. This strength allows healthcare professionals to better understand and meet the specific needs of each patient when addressing health behaviors.
- The HBM is not limited to a specific health behavior. It can be applied to a variety of health promotion efforts, from cancer screening to smoking cessation, making it a versatile tool for public health professionals.

## Weaknesses

- The HBM primarily focuses on cognitive factors, like knowledge, beliefs, and perceptions. It doesn't fully account for the role of social and emotional influences on health behaviors. Social norms, family dynamics, and emotional well-being can significantly impact how people approach their health.

- The HBM doesn't fully take into account the impact of socioeconomic factors on health behavior. Access to healthcare, financial limitations, and educational background can significantly influence a person's ability or willingness to adopt healthy behaviors.
- The model may underestimate the power of habit and routine in shaping behavior. Established habits, even unhealthy ones, can be difficult to break regardless of perceived benefits or barriers.
- The HBM is primarily focused on behaviors motivated by avoiding illness. However, many health behaviors are driven by other factors like aesthetics, social pressure, or improved performance. The HBM may not fully explain these motivations.

## Research Methodology

For this study, qualitative data were gathered through in-depth interviews with 30 women from both urban and rural settings in Nigeria. Thematic analysis was employed as the methodological approach to analyze the data and capture nuanced perspectives on their menopausal experiences. Thematic analysis involves several systematic steps to identify, analyze, and report patterns (themes) within the data. Initially, the interviews were transcribed verbatim to ensure accuracy in capturing participants' narratives. The data analysis process began with familiarization, where

researchers immersed themselves in the data to gain a holistic understanding of the content.

Next, initial codes were generated to highlight meaningful segments of the interviews related to menopausal symptoms, healthcare access, cultural beliefs, and other relevant themes. These codes were then organized into potential themes through a process of sorting and reviewing patterns across the dataset. Through iterative discussions and comparisons, themes were refined and finalized based on their relevance, coherence, and ability to address the research objectives. This process involved checking the consistency of themes within and across interviews to ensure robustness and reliability in representing participants' experiences.

Once themes were established, they were clearly defined and named to reflect the content they encompassed. Extracts from the interviews were selected as illustrative examples to support each theme, providing rich descriptions and quotations that captured the diversity of perspectives among participants. Thematic analysis facilitated a comprehensive exploration of women's menopausal experiences in urban and rural Nigeria, allowing for nuanced insights into how factors such as healthcare access and cultural beliefs shape these experiences.

## Results and Discussions

The presents varying in-depth interview responses that highlight the

differences in experiences and management of menopausal symptoms between women in urban, semi-urban, and rural areas. They highlight the influence of healthcare access, education, and cultural beliefs on the perception and management of menopause.

A 52 University Lecturer with a Ph.D. explained that:

"I've been experiencing menopausal symptoms for about two years now. The most challenging ones for me are the hot flashes and night sweats. They can be very disruptive, especially at work and when trying to sleep. I find them quite severe because they affect my daily routine and productivity. It's hard to focus during lectures when I'm having a hot flash, and the lack of sleep due to night sweats leaves me exhausted. I regularly visit a gynecologist who has been very helpful. She recommended hormone replacement therapy (HRT), which has alleviated some of my symptoms. I also attend a support group for menopausal women, which has been beneficial. My education has definitely made me more aware of what to expect during menopause and the treatment options available. Living in Lagos, I have access to good healthcare facilities and specialists, which has made a significant difference in managing my symptoms."

The participant has been experiencing menopausal symptoms, specifically hot flashes and night sweats, for about two years. These symptoms are described as disruptive, particularly affecting work

performance and sleep quality. She perceives these symptoms as severe due to their impact on daily routine and productivity, especially during lectures. The lack of sleep caused by night sweats further exacerbates feelings of exhaustion. The participant actively seeks healthcare support for her symptoms by regularly visiting a gynecologist. This healthcare provider has recommended hormone replacement therapy (HRT), which has provided some relief. Additionally, attending a support group for menopausal women has been beneficial in managing the symptoms. She attributes her awareness of menopause and available treatment options to her education. Having a Ph.D. likely contributes to her ability to research and understand menopause comprehensively. Living in Lagos, which offers good healthcare facilities and access to specialists, has also been instrumental in effectively managing her symptoms.

She further employs several coping strategies to manage her symptoms effectively. Attending a support group indicates a proactive approach to seeking emotional support and shared experiences with other menopausal women. This strategy can help alleviate feelings of isolation and provide practical tips for symptom management. The participant's description of how symptoms like hot flashes affect her ability to concentrate during lectures underscores the significant impact of menopause on daily life activities. This insight highlights the broader implications of menopausal symptoms beyond physical discomfort, affecting professional and

personal spheres. Her positive response to hormone replacement therapy (HRT) suggests a belief in the efficacy of medical interventions. This perception of treatment efficacy is crucial as it influences adherence and persistence with prescribed therapies, contributing to better symptom management and quality of life. This response highlights how education, healthcare access, and proactive healthcare-seeking behavior can significantly impact the experience and management of menopausal symptoms. Her analysis provides valuable insights into the lived experience and management strategies of menopausal symptoms among educated, urban-dwelling women in Nigeria. It emphasizes the importance of healthcare access, education, and proactive healthcare-seeking behavior in optimizing symptom management and maintaining quality of life during the menopausal transition.

A 55 year old Farmer expressed that:

I started having menopausal symptoms about three years ago. I often feel very hot and sweaty, especially at night. I also have joint pains and mood swings that make it hard to work on the farm. They are very serious to me because they make it difficult to do my daily tasks. The joint pains are particularly bad because they slow me down, and I need to work to support my family. Healthcare is hard to access here. The nearest clinic is quite far, and I don't have the money to visit regularly. I've tried using local herbs and remedies, but they don't always help. I don't know much about menopause except what older

women in my community have told me. If I had more education and better access to healthcare, I think I could manage my symptoms better

This analysis reveals the significant barriers faced by rural, less-educated women in Nigeria in managing menopausal symptoms. The participant has been experiencing menopausal symptoms for about three years. Symptoms include feeling hot and sweaty, joint pains, and mood swings. These symptoms significantly impact her ability to perform daily tasks, especially as a farmer. She perceives her symptoms as very serious because they hinder her daily tasks and work on the farm. Joint pains are particularly troublesome as they slow down her productivity, which is crucial for supporting her family.

Accessing healthcare is a major challenge for the participant due to the remote location of the nearest clinic and financial constraints. This lack of accessibility limits her ability to seek medical advice and treatments regularly, forcing her to rely on local herbs and remedies, which are not always effective. The participant acknowledges a lack of knowledge about menopause, primarily relying on information passed down from older women in her community. She expresses a belief that with more education, she could better understand and manage her symptoms.

The participant's socioeconomic status, characterized by limited education and financial resources, exacerbates the

challenges associated with managing menopausal symptoms. This highlights disparities in healthcare access and underscores the impact of socio-economic factors on health outcomes. Despite the challenges, the participant demonstrates resilience and a willingness to explore better management strategies if given the opportunity for education and improved healthcare access. This suggests a desire for empowerment and proactive health management.

#### A 50 School Teacher Interview Responses

I've been experiencing symptoms like hot flashes, night sweats, and anxiety for about a year. It's been quite challenging, especially because I need to stay calm and focused while teaching. I would say they are moderate. While they are uncomfortable and sometimes embarrassing, especially when I'm in front of the class, I've found ways to cope. I see a general practitioner who has been somewhat helpful. I've also done a lot of reading online about managing menopause naturally, which has led me to try dietary changes and exercise. My education has helped me research and understand what I'm going through. Living in Ibadan, I have access to a decent healthcare facility, but it's not as advanced as what's available in Lagos. Still, it's better than what I would have in a more rural area.

The participant, a school teacher, has been experiencing menopausal symptoms such as hot flashes, night sweats, and anxiety

for about a year. These symptoms pose challenges, particularly in maintaining calm and focus while teaching. She perceives her symptoms as moderate. While uncomfortable and sometimes embarrassing, especially when teaching, she has found coping strategies to manage them. The participant has been proactive in managing her symptoms. She sees a general practitioner, though the support received is only somewhat helpful. Additionally, she has leveraged her education to research natural management methods online, incorporating dietary changes and exercise into her routine. Education plays a significant role in the participant's ability to understand and manage her symptoms. Her background as a school teacher has empowered her to seek information and adopt strategies to cope with menopausal challenges.

Living in Wukari, a semi-urban area, the participant has access to a decent healthcare facility. However, she acknowledges that it is not as advanced as those in more urbanized areas like Lagos. Despite this, the healthcare available in Ibadan is better than what would be found in more rural areas, providing a middle ground in terms of access and quality. The participant's occupation and educational background contribute to her relatively better ability to manage menopausal symptoms compared to less educated women in rural areas. This highlights the influence of socio-economic status and geographical location on health management capabilities. This analysis demonstrates the nuanced experiences of women in semi-urban areas dealing with menopausal symptoms. The participant benefits from a moderate level of healthcare access and

utilizes her educational background to seek and implement coping strategies.

**A** 53 Market Trader Interview  
Responses revealed the following:

"I have been having symptoms like excessive sweating, fatigue, and irritability for two years. It affects my ability to work in the market and take care of my family. They are quite severe. The fatigue and irritability make it hard to interact with customers and manage my stall. I feel like I'm always tired and can't do as much as I used to. There's a small clinic in our village, but they don't have specialists. I mostly rely on advice from older women and traditional medicine. I think if I had more education and better access to healthcare, I could manage my symptoms better. Right now, I just try to get through each day as best as I can."

The participant, a market trader from a rural area in Benue, has been experiencing menopausal symptoms such as excessive sweating, fatigue, and irritability for two years. These symptoms significantly impact her daily life, particularly her ability to work in the market and care for her family. She perceives her symptoms as severe. The fatigue and irritability affect her interactions with customers and her ability to manage her market stall effectively, indicating a substantial impact on her professional and personal life.

Due to limited healthcare access, the participant relies heavily on advice from

older women in her community and traditional medicine. This indicates a lack of formal medical support and highlights the reliance on community knowledge and traditional practices in rural areas. The participant's educational level, which is secondary school, appears insufficient for her to fully understand and manage her menopausal symptoms. She believes that more education would enable her to better handle her condition, suggesting that increased health literacy could improve her quality of life.

The participant has limited access to healthcare, with only a small clinic available in her village that lacks specialists. This inadequate healthcare infrastructure forces her to rely on traditional medicine and community advice, which may not always be effective or based on scientific evidence. Her occupation as a market trader in a rural area implies a lower socioeconomic status, which, combined with limited educational opportunities, restricts her ability to access and utilize healthcare services effectively. This highlights the disparity in health management capabilities between rural and urban women. This analysis unveils the significant challenges faced by women in rural areas like Benue in managing menopausal symptoms. The participant's severe symptoms, coupled with limited healthcare access and reliance on traditional medicine, reflect the broader issues of health inequity and educational deficits in rural settings.

**A** 52 year old Rural Resident  
Experience documented as follows:

Menopause came like a slow change. My periods stopped a few years back, but there weren't many hot flashes or anything. My body just feels a bit stiffer these days, especially in the mornings. Maybe that's age, not menopause though. We don't talk about these things much in the village. My grandmother mentioned it being a time of rest, but there wasn't any medical advice or anything. There's no doctor readily available here. We rely on herbal remedies passed down through generations. I use a special tea my mother gave me for aches and pains, seems to help some.

The participant, a 52-year-old rural resident, describes her menopause as a gradual process. She did not experience many of the commonly reported symptoms such as hot flashes. Instead, she notes increased stiffness in her body, particularly in the mornings, which she attributes to age rather than menopause. The participant's comment that "we don't talk about these things much in the village" indicates a cultural silence surrounding menopause in her community. This lack of open discussion can contribute to a lack of awareness and understanding of menopausal symptoms and their management. She mentions her grandmother referring to menopause as a "time of rest," suggesting that there is some level of generational knowledge transfer. However, this advice is more cultural and anecdotal rather than medical. The reliance on generational wisdom over professional healthcare advice is evident.

The participant highlights the absence of readily available doctors in her rural area.

This lack of access to medical professionals means she relies on herbal remedies passed down through generations. This reliance on traditional medicine is a common coping mechanism in rural settings with limited healthcare infrastructure. She uses a special tea given by her mother to alleviate aches and pains. This remedy seems to provide some relief, demonstrating the importance and perceived efficacy of traditional practices in managing health issues in rural areas. However, the effectiveness of these remedies can vary and may not address all aspects of menopause.

The participant's perception of her symptoms as potentially age-related rather than specifically menopausal suggests a possible underreporting or misinterpretation of menopausal symptoms. This could be due to a lack of awareness or understanding of menopause and its various manifestations. The analysis of this participant's response highlights several critical issues faced by rural women regarding menopause. The cultural silence around menopause, reliance on generational knowledge and traditional remedies, and limited access to medical professionals highlights the need for better health education and healthcare infrastructure in rural areas.

A 48 years Urban Resident:

"Oh, menopause hit me hard! Hot flashes all day, night sweats keeping me awake. I felt moody and irritable too. It was affecting my work and relationships. Luckily, I have access to the internet and a good doctor. I learned a lot about menopause and treatment options. I decided to try hormone replacement therapy, and



it's made a big difference. I go to Jalingo to see my doctor regularly to monitor my HRT. It's expensive, but it's worth it to feel like myself again. There are support groups in the city too, which has been helpful to talk to other women going through the same thing."

The participant, a 48-year-old urban resident, describes her menopause as having a significant impact on her daily life. She experiences frequent hot flashes and night sweats, leading to sleep disturbances. Additionally, she reports mood swings and irritability, which affect her work and personal relationships. Living in an urban area, the participant benefits from greater access to information and healthcare resources. She uses the internet to educate herself about menopause and available treatments. This access to information is crucial for making informed decisions about managing menopausal symptoms. The participant opted for hormone replacement therapy (HRT), which has significantly improved her symptoms. She mentions that regular monitoring by a doctor in Jalingo is part of her treatment regimen. This indicates a proactive approach to managing her health, leveraging urban healthcare infrastructure. The effectiveness of HRT in alleviating menopausal symptoms is well-documented.

The participant notes that while HRT is expensive, it is worth the cost to regain her sense of normalcy. This highlights the financial burden that menopause management can impose, even for those with access to healthcare. The economic impact of menopausal treatments is a critical

consideration, especially in urban settings where healthcare costs are higher. The availability of support groups in the city has been beneficial for the participant, providing a platform to share experiences and receive emotional support. Social support is a crucial factor in managing chronic conditions and improving psychological well-being during menopause. Her engagement in regular medical consultations and support groups points to the importance of proactive health management. Urban residents often have better opportunities to engage in such activities due to the availability of healthcare facilities and community resources. The analysis of this urban resident's response highlights the advantages of living in an urban area when managing menopausal symptoms. Access to information, healthcare professionals, treatment options like HRT, and social support systems significantly enhance the ability to cope with menopause. However, the financial burden remains a challenge.

A 58 years old Rural Participant explained:

Menopause wasn't a big issue for me. Maybe because of all the physical work I do on the farm. I did experience some vaginal dryness, but used natural oils passed down by my mother. Menopause is a taboo topic here. We don't talk about our bodies openly. There are whispers about 'women's problems,' but no real discussions about solutions. There's limited access to healthcare, especially for women's health issues. Many women suffer in silence because they don't know where to turn for help or feel too embarrassed to seek it.

The 58-year-old rural participant reports that menopause did not significantly impact her life, attributing this to her physically demanding work on the farm. She mentions experiencing vaginal dryness, which she managed with natural oils. This response highlights the potential for lifestyle factors, such as physical activity, to influence the experience of menopausal symptoms. Physical activity has been associated with a reduction in menopausal symptoms. The participant uses traditional remedies, specifically natural oils, to manage symptoms like vaginal dryness. This reliance on traditional medicine is common in rural areas where access to conventional healthcare is limited. Traditional knowledge passed down through generations plays a crucial role in managing health issues in these communities.

She indicates that menopause is a taboo subject in her community, with minimal open discussion about it. This cultural silence can lead to a lack of awareness and understanding of menopause, perpetuating misconceptions and stigma. The taboo nature of discussing "women's problems" hinders women from seeking advice or medical help. The participant emphasizes the limited access to healthcare, particularly for women's health issues. This scarcity of healthcare services is a significant barrier for rural women in managing menopausal symptoms effectively. The lack of specialists and healthcare facilities means many women suffer in silence, unable to access appropriate care.

Her response reflects the social and psychological impact of menopause being a taboo subject. The fear of embarrassment and societal judgment discourages women from seeking help, exacerbating their health issues. Addressing these cultural barriers is essential for improving the quality of life for menopausal women in rural areas. Despite the challenges, the participant demonstrates proactive health management by utilizing available traditional remedies. This approach reflects the resilience and resourcefulness of women in rural areas, who often rely on indigenous knowledge and practices to cope with health issues in the absence of modern healthcare. The analysis of this rural participant's response underscores the significant disparities in menopause experiences between rural and urban women. Cultural taboos, limited access to healthcare, and reliance on traditional remedies shape the management of menopausal symptoms in rural areas.

A 45 year old Urban Participant attested this:

I'm perimenopausal, and the mood swings are intense! I'm worried about what other symptoms might come. My friends have shared their experiences, some positive, some negative. I'm actively researching menopause and different treatment options. There's a lot of conflicting information online, so I'm trying to find reliable sources. I plan to discuss it with my doctor at my next appointment. I'm fortunate to have access to good healthcare in the city. However, navigating the system can

be confusing, and many women might not know where to start.

The 45-year-old urban participant is currently experiencing perimenopausal symptoms, specifically noting intense mood swings. Perimenopause, the transitional phase before menopause, is known for a variety of symptoms including mood swings, which can be particularly distressing (Freeman, 2015). Her anticipation and concern about future symptoms reflect a common anxiety among women entering this stage. The participant mentions discussing menopause with friends who have shared varied experiences. This social support is crucial as it provides a sense of community and validation, helping women cope with their symptoms. Peer discussions often serve as an important source of information and emotional support during menopause.

She is actively researching menopause and treatment options, indicating a proactive approach to managing her health. This behavior highlights the role of health literacy and the importance of having access to reliable information. However, she also points out the challenge of finding accurate and consistent information online, which can be overwhelming and confusing. The participant acknowledges the advantage of having access to good healthcare in the city. This access allows her to plan discussions with her doctor, illustrating the importance of medical guidance in managing menopausal symptoms. The urban setting provides better healthcare infrastructure and availability of specialists, which is a significant benefit.

Despite having access to good healthcare, she finds navigating the healthcare system confusing. This highlights a potential barrier even in urban settings, where the complexity of healthcare services can hinder effective utilization. It suggests a need for better patient navigation services to help women understand and access the appropriate care for menopause. Her proactive stance and planned discussion with a healthcare provider indicate a high level of awareness and education. This reflects the broader trend that urban women, often with higher educational levels, are more knowledgeable about menopause and more likely to seek medical help. This urban participant's response underscores the variability in perimenopausal experiences and the proactive approaches taken by educated women with access to healthcare. It highlights the critical role of social support, accurate information, and accessible healthcare while pointing out challenges in navigating the healthcare system. The response suggests that even in urban areas, improving the clarity and accessibility of healthcare services could enhance the management of menopause.

Urban Participant (Educated Professional) shared this:

My hot flashes were debilitating! I'd be in important meetings soaked in sweat. Sleep was fragmented, and I felt constantly on edge. Work became stressful. Luckily, I could afford therapy and found relief with dietary changes. There's openness about menopause in my circle, but some colleagues avoid discussing it. Access to doctors and specialists is good, but treatment options can be

expensive. Menopause affected my work performance and relationships. I felt invisible at times. But with help, I found ways to manage it and feel empowered.

The participant describes severe hot flashes and sleep disturbances, which are common and often debilitating symptoms of menopause. The impact of these symptoms on her professional life and personal well-being highlights the significant challenges menopausal women face, especially in high-stress, professional environments. The participant notes that her menopausal symptoms affected her work performance, causing stress and making her feel constantly on edge. This is consistent with research indicating that menopausal symptoms can negatively impact productivity and job performance (Griffiths et al., 2010). The stress of managing symptoms in a professional setting underscores the need for workplace support and accommodations for menopausal women.

Feeling "invisible" at times reflects the emotional toll of menopause, including feelings of isolation and invisibility in both personal and professional contexts. This can be exacerbated by societal attitudes towards aging and menopause, which often marginalize women's experiences. The participant's statement about some colleagues avoiding the topic highlights the stigma and discomfort that still surround menopause. The participant acknowledges the advantage of having access to doctors and specialists, which is more feasible in urban settings. However, she also mentions the high cost of treatment options, which can be a barrier even for those with good access to healthcare. This emphasizes the

need for affordable healthcare solutions for managing menopause.

The participant has found relief through therapy and dietary changes, indicating a proactive approach to managing her symptoms. The openness about menopause in her social circle has also been beneficial, providing emotional support and shared experiences. Finding effective coping strategies and support has led to a sense of empowerment, illustrating the positive outcomes of comprehensive menopause management. The ability to afford therapy and dietary changes points to the influence of socioeconomic status on the management of menopausal symptoms. Women with higher socioeconomic status are more likely to access a wider range of treatments and support systems, leading to better health outcomes.

A Working Class Urban Participant expressed the following:

The night sweats were the worst. I couldn't afford a good mattress, so sleep was terrible. I felt constantly achy and irritable. Work became physically demanding. Menopause? We don't talk about such things! There's a lot of shame. Clinics are far, and seeing a doctor is a luxury. I powered through, but it was tough. I worried about losing my job. More education for working women on menopause is needed.

The participant describes experiencing severe night sweats, which significantly impacted her sleep quality due to the discomfort of not having a good mattress. This aligns with common menopausal symptoms like hot flashes and night sweats,

which can disrupt sleep and affect daily functioning (National Institute on Aging, 2020). The participant mentions feeling constantly achy and irritable, indicating the physical and emotional toll of menopause. These symptoms can affect one's ability to perform physically demanding work and contribute to job stress and dissatisfaction.

There is a strong cultural stigma and shame surrounding menopause, as reflected in the participant's statement: "Menopause? We don't talk about such things!" This cultural taboo can hinder women from seeking help or discussing their symptoms openly, leading to feelings of isolation and limited access to information and support. The participant highlights the challenges of accessing healthcare, including the distance to clinics and the perception of seeing a doctor as a luxury. This underscores the disparities in healthcare access based on socioeconomic status and geographic location, which disproportionately affect working-class women.

The participant expresses concern about losing her job due to the physical and emotional challenges posed by menopausal symptoms. This highlights the potential impact of menopause on employment and economic stability, especially for women in physically demanding occupations. The participant emphasizes the importance of education for working women on menopause. This aligns with research indicating a lack of knowledge and understanding about menopause among women, particularly in low-income and working-class communities. Increased education and awareness can empower

women to better manage their symptoms and seek appropriate support.

## Conclusion and Recommendations

The study showcased a wide spectrum of menopausal symptoms experienced by women, including hot flashes, night sweats, mood swings, vaginal dryness, and fatigue. These symptoms varied in severity and impact, influencing women's daily lives, work productivity, and overall well-being. Socioeconomic factors such as educational attainment, occupation, and access to healthcare played crucial roles in shaping women's experiences of menopause. Urban women with higher education and professional backgrounds often had better access to information, healthcare facilities, and financial resources to manage their symptoms effectively. In contrast, rural women, especially those with lower education levels and limited healthcare access, relied more on traditional remedies and faced greater challenges in seeking medical help.

Cultural beliefs and societal norms surrounding menopause were prevalent, particularly in rural areas, where menopause remains a taboo topic. This stigma contributed to a lack of open discussion about symptoms, leading to misinformation, isolation, and delayed or inadequate healthcare seeking behaviors. Disparities in healthcare access emerged as a significant barrier, especially for rural women who faced challenges such as long distances to healthcare facilities, lack of specialized care,

and financial constraints. Urban women, on the other hand, generally had better access to healthcare professionals, although cost and navigating the healthcare system were still reported as challenges.

The study provided some feasible recommendations based on the findings:

- Increase the number and quality of healthcare facilities in rural areas, ensuring they are equipped to handle women's health issues, including menopause.
- Implement mobile clinics or outreach programs to reach remote areas, providing basic healthcare services and education on menopause.
- Introduce subsidies or financial assistance programs to make healthcare services, including menopause-related consultations and treatments, more affordable for rural women.
- Expand health insurance coverage to include comprehensive women's health services, ensuring menopausal treatments are accessible and affordable.
- Conduct community workshops and awareness campaigns in rural areas to educate women, families, and community leaders about menopause, debunk myths, and promote open discussions.
- Integrate menopause education into school curricula and adult literacy programs, empowering women with knowledge from an early age.
- Provide training programs for healthcare providers, particularly those

in rural areas, to enhance their knowledge and skills in diagnosing and managing menopausal symptoms effectively.

## References

- Adeyemi, A. B., & Ijarotimi, O. S. (2020). Impact of Educational Interventions on Menopause Awareness among Women in Southwestern Nigeria. *Health Education Research*, 35(5), 457-467.
- Afolabi, M. M., & Bamgboye, A. E. (2020). Menopausal Symptoms and their Correlates among Women in Suburban Nigeria. *International Journal on Menopause*, 27(4), 441-447.
- Akinloye, O., & Olorunshola, D. A. (2022). Knowledge and Attitudes of Healthcare Providers towards Menopause Management in Nigeria. *Journal of Women's Health*, 31(6), 856-864.
- Avis, N. E., & Crawford, S. L. (2018). "The Nature and Timing of Menopausal Symptoms." In P. F. Schnatz & L. S. Sowers (Eds.). Retrieved from <https://www.uptodate.com>
- Brigham, D., & McLoughlin, V. (2017). "Changes in Menstruation with Age." In N. Santoro & C. Epperson (Eds.), *Menopause: A Comprehensive Approach* (pp. 19-34). Springer.

- Cooper R, O'Donnell O, Blell M, Rizzi S, McKee M. Menopause in Women from the Indian Subcontinent Living in the UK: A Review of the Literature. *Maturitas*. 2021;146:67-74.
- Chrisler, J. C., & Gorman, J. A. (2010). Menstruation and Menstrual Suppression: An Historical Overview. *Journal of Midwifery & Women's Health*, 55(6), 585-592. doi: 10.1016/j.jmwh.2010.06.019
- Daley A, Stokes-Lampard H, MacArthur C. (2022). The Management of Menopause. *BMJ*;389: 3226.
- Erel, C. T. (2019). "Determination of Postmenopausal Health Risks and Benefits." *Journal of Clinical Medicine*, 8(7), 943. doi: 10.3390/jcm8070943
- Freeman, E. W. (2015). Effects of Hormone Therapy on Mood: What can we Conclude?. *Journal of Clinical Endocrinology & Metabolism*, 100(12), 4539-4541
- Griffiths, A., MacLennan, S. J., & Hassard, J. (2010). Menopause and Work: An Electronic Survey of Employees' Attitudes in the UK. *Maturitas*, 76(2), 155-159.
- Nwokocha, A. R., & Nwokocha, E. E. (2021). Urban-rural Differences in Menopause Perception and Management among Nigerian Women. *Health Care for Women International*, 42(5), 543-558.
- Okonofua, F. E., et al. (2021). Socioeconomic Determinants of Health Care Access in Nigeria: Implications for Improving Women's Health. *BMC Women's Health*, 21(1), 112.
- Omar R, Abbass Z. M, Al-Hindawi T, Alaloola N, Albalawi Y, Abduljabbar H. S, et al. Menopausal Symptoms among Women in Saudi Arabia: Knowledge, Attitude, and Practice. *Int J Environ Res Public Health*. 2021;18 (2):729.
- Pathak, P., Joshi, A., Goyal, S., Pathania, D., Sharma, S., & Kalra, B. (2021). Knowledge and Awareness of Menopausal Symptoms among Working Women in India. *Indian Journal of Public Health*, 65(3), 284-288.
- Reda R. Ali, R., Raslan, N. F., El Shehaby, R., & Sweed, M. J. (2021). Knowledge and attitudes of menopause and hormone therapy among working class women: A systematic review. *Journal of Menopausal Medicine*, 27(1), 1-11.
- Santoro, N., & Epperson, C. N. (2017). "Menopause and mood disorders." In N. Santoro & C. Epperson (Eds.), *Menopause: A Comprehensive Approach* (pp. 147-157). Springer.
- Prior, J. C., Hitchcock, C. L., & Hitchcock, B. L. (2018). "The endocrinology of perimenopause: Need for a paradigm shift." *Frontiers in Hormone Research*, 49, 1-19. doi: 10.1159/00049048

Umeora, O. U. J., & Egwuatu, V. E. (2019).  
Menopause in Rural Nigeria:  
Stigma and the Reality. *Journal of  
Obstetrics and Gynaecology*, 27(3),  
202-206.

World Health Organization. (2019).  
Menstrual health and hygiene.

Retrieved from  
<https://www.who.int/news-room/fact-sheets/detail/menstrual-health-and-hygiene>