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**Research Article**

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# Comparative Assessment of Perceptions of Menopausal Syndrome among Women in Urban and Rural Communities of Imo State

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***Abstract***

*Menopause is a natural biological phase in a woman's life but cultural ideas and views of menopausal syndrome influence women's experience, health-seeking habits and quality of life greatly. Understanding women's perceptions of menopause is important to the development of relevant educational and healthcare treatments in different sociocultural situations. This study evaluated and contrasted the attitudes of menopausal women in urban and rural regions of Imo State, Nigeria about menopausal syndrome. A comparative cross-sectional study was carried out among 738 menopausal women selected from urban (n = 366) and rural (n = 372) populations of Imo State. Data on participants' perception of menopause and menopausal symptoms was collected using a standardised questionnaire. Data were analysed with descriptive statistics (frequencies, percentages, averages and standard deviations). Positive perception was defined as a mean score of 2.50 and above Results showed that urban and rural women commonly consider menopause to be a natural and normal life experience. The mean score for the perception of menopause as a natural part of life was higher in urban women (Mean = 3.70 ± 0.51) than in rural women (Mean = 3.54 ± 0.71). Similarly, urban respondents were more likely to think that menopause is a natural stage of life (3.21 ± 0.83) than their rural counterparts (3.06 ± 0.73). Most of the respondents disagreed with the negative perceptions towards menopause as a disease (urban: Mean = 1.77 ± 0.75; rural: Mean = 1.70 ± 0.58), women's inability to live a normal life at the time of menopause (urban: Mean = 1.90 ± 0.66; rural: Mean = 2.07 ± 0.81) and menopause as an unmanageable phase of life (urban: Mean = 1.83 ± 0.66; rural: Mean = 1.86 ± 0.65). However, some participants still had misconceptions regarding the need for gynaecological consultation during menopause and menopause being associated with loss of femininity. The total mean perception score was higher among urban women (3.18 ± 0.32) as compared to rural women (3.06 ± 0.38) which showed better perception of menopause among urban respondents. In general, menopausal women in urban and rural communities of Imo State had favourable perceptions about menopause, acknowledging it as a normal period of ageing and not an illness or crippling condition. However, misconceptions about the healthcare needs and femininity of menopausal women still exist, particularly among women living in rural areas. There is a need for health education and awareness campaigns to emphasise accurate understanding of menopausal syndrome and appropriate healthcare seeking habits.*

***Keywords:*** *Menopause, menopausal syndrome, perception, urban women, rural women, reproductive health, Imo State, Nigeria.*

## INTRODUCTION

Menopause is a universal biological event in women representing a major change from the reproductive to the non-reproductive phase of life. menopause is the permanent cessation of menstruation due to the lack of ovarian follicular activity, proven after twelve consecutive months of amenorrhea[1]. The menopausal transition results from age-related

depletion of ovarian function and a gradual decrease in production of reproductive hormones, especially oestrogen and progesterone. Menopause is a natural physiological process, not an illness, but is accompanied by a number of biochemical, physical, psychological and social changes which can affect women's overall wellbeing[2].

Menopause normally occurs between the ages of 45 and 55 years. The average age of menopause is about 51 years. Menopause is a complicated biopsychosocial event in which the expression and perception of symptoms are impacted not only by hormonal changes but also by cultural, environmental, psychological, and socioeconomic factors . Menopause can be a natural part of ageing, but it can also be caused by other factors such as premature ovarian failure, surgical removal of the ovaries, or damage to ovarian tissue by medical treatments such as radiotherapy[2].

The menopausal syndrome is a set of physical and psychological symptoms caused by the drop in ovarian hormones at the time of menopause. The kind, severity and duration of symptoms differ widely in women. [3] Research has shown that up to 85% of women will suffer one or more menopausal symptoms throughout the menopausal transition. Common symptoms include vasomotor symptoms (hot flashes and night sweats), sleep disruptions, mood changes, anxiety, depression, vaginal dryness, urinary issues, sexual dysfunction, weight gain, joint pain, cognitive changes, palpitations, and changes to skin and hair quality. These symptoms can have a significant impact on everyday functioning, social interactions, emotional health, and quality of life when they are severe or poorly managed[4].

Women's experience of menopause is primarily determined by information and perception of menopause. Perception is an individual's understanding, interpretation and appraisal of a given phenomena, which is influenced by personal experiences, social interactions, cultural beliefs and environmental factors[5]. A favourable viewpoint of menopause as a normal life phase may facilitate acceptance, good coping behaviours and proper healthcare-seeking practices. In contrast, negative beliefs such as menopause being an illness, a symbol of loss of femininity, or a time of unavoidable sorrow can raise emotional discomfort and deter women from seeking professional medical treatment and evidence-based management[6].

Research has found that attitudes around menopause varies by culture and geography. There are some civilisations for which menopause is a time of liberation from menstruation and reproductive duties. And there are some societies for whom menopause is connected with ageing, loss of attractiveness and decreasing health. These inequalities are affected by educational status, social conditions, cultural attitudes, access to health information, and availability of health care services[7].

Urban–rural inequalities are a key driver of women's views and experiences of menopause. Women living in metropolitan regions have better access to health care facilities, education, media, information and specialised reproductive health services that may lead to improved knowledge and more positive perception of menopause[8]. Nevertheless, women in rural areas tend to have more difficulty obtaining healthcare services, lesser health literacy, and greater traditional beliefs that may affect their understanding and management of menopausal symptoms[9].

The increased life expectancy and the increasing number of women living a significant amount of their lives in the postmenopausal period have made menopausal health an important public health concern in Nigeria. It is predicted that over 1.1 million Nigerian women go through menopause annually and many are expected to live more than a third of their lives in the postmenopausal phase. Although the number of menopausal women is increasing, the awareness and comprehension of menopausal syndrome are not enough. Many women mistakenly believe that menopause is an illness or a stage of unavoidable poor health and loss of social value. These misunderstandings may affect their health seeking behaviour and approaches to manage menopausal symptoms[10].

The problem is made much worse by differences in the way people living in urban areas and rural areas are able to get healthcare. About half of Nigeria's population lives in rural areas with inadequate access to reproductive health services and specialist health facilities. In Imo State, many rural areas have limited access to specialised gynaecological and menopausal healthcare facilities which are located mostly in urban cities, especially Owerri and its environs. Therefore, there may be disparities in the perception of menopausal syndrome of women in urban and rural communities[11].

Previous research in Nigeria have examined knowledge, symptoms and coping behaviours of menopause, many of which looked at either urban or rural people individually. There is scarcity of comparative research on the effect of place of residence on women's perception of menopausal syndrome especially in Imo State. The lack of such evidence restricts the creation of location-specific educational initiatives and equitable distribution of healthcare resources for the menopausal care[12].

Hence, this study was undertaken to carry out a comparative assessment of perception of menopausal syndrome among menopausal women living in urban and rural communities of Imo State, Nigeria. The results of this study will give empirical evidence to help health professionals, policymakers and public health practitioners in the planning of focused educational programs, the enhancement of menopausal health care services and the encouragement of good attitudes and healthy ageing in women.

## Materials and Methods

### Study Design

This study adopted a community-based comparative cross-sectional survey design to assess and compare the perceptions of menopausal syndrome among menopausal women residing in urban and rural communities of Imo State, Nigeria.

### Study Area

The study was conducted in Imo State, located in the South-East geopolitical zone of Nigeria. Imo State, popularly referred to as the "Eastern Heartland," was created in 1976 and consists of 27 Local Government Areas (LGAs), grouped into three geopolitical zones: Owerri, Orlu, and Okigwe zones.

The state is predominantly inhabited by the Igbo ethnic group and is characterized by a mixture of urban and rural settlements. Major economic activities include farming, trading, civil service, and small-scale businesses. The availability and accessibility of healthcare facilities vary across the state, with specialist healthcare services being more concentrated in urban areas than in rural communities, making the setting appropriate for assessing urban–rural variations in perceptions of menopausal syndrome.

### Study Population

The study population comprised women aged 45 years and above residing in selected urban and rural communities in Imo State. The estimated population of eligible women within the selected study areas was approximately 450,000.

### Sample Size Determination

The minimum sample size for the study was 768 participants, consisting of 384 women from urban communities and 384 women from rural communities. The sample size was determined using the formula for comparing two independent population proportions as described by Bolarinwa (2020). A 95% confidence level ($Z\alpha/2 = 1.96$), 80% study power ($Z\beta = 0.84$), an expected proportion of 40% from previous studies, and an assumed proportion of 50% for the comparison group were used in the calculation. The calculated sample size was 384 participants per group, resulting in a total sample size of 768 menopausal women.

### Sampling Technique and Procedure

A multistage stratified sampling technique combined with systematic sampling was employed for participant selection.

**Stage One: Stratification of Imo State**

Imo State was first stratified into its three geopolitical zones: Owerri, Orlu, and Okigwe zones.

**Stage Two: Selection of Local Government Areas**

The LGAs within each zone were stratified into urban and rural categories. All available urban LGAs were included in the study. These comprised Owerri Municipal, Owerri North, Owerri West, Orlu, and Okigwe LGAs. For rural communities, two LGAs were selected from each geopolitical zone using simple random sampling, resulting in six rural LGAs: Ngor Okpala, Ahiazu Mbaise, Nwangele, Njaba, Obowo, and Ihitte/Uboma. In total, 11 LGAs were included in the study.

**Stage Three: Selection of Communities**

Two communities were selected from each of the selected LGAs using simple random sampling. The selected urban communities included Umuororonjo and Amawom (Owerri Municipal), Naze and Abala (Owerri North), Oforola and Obinze (Owerri West), Umuowa and Umunna (Orlu), and Ezinnachi and Ikigwu (Okigwe). The rural communities selected were Norie and Obike (Ngor Okpala), Umuokirika and Mpam (Ahiazu Mbaise), Abajah and Umuozu (Nwangele), Atta and Egwedu (Njaba), Odenkwume and Alike (Obowo), and Okwuohia and Ezimba (Ihitte/Uboma).

**Stage Four: Selection of Participants**

Eligible menopausal women were selected using a systematic sampling technique. A sampling frame was developed from available household listings and community registers. The total sample size was proportionally allocated to each selected community based on population size. The sampling interval (k) was determined by dividing the population of each community by the allocated sample size. A random starting point was selected, after which every kth eligible woman was recruited until the required number of participants was obtained.

### Instrument for Data Collection

Data were collected using a structured interviewer-administered questionnaire developed based on the objectives of the study and relevant literature on menopausal syndrome. The questionnaire consisted of five sections: Section A contained socio-demographic characteristics; Section B assessed knowledge of menopause; Section C assessed perceptions of menopausal syndrome; Section D assessed coping strategies adopted during menopause; and Section E captured additional information related to menopausal experiences.

The perception component comprised statements measured using a four-point Likert scale: strongly agree (4), agree (3), disagree (2), and strongly disagree (1). The instrument enabled the assessment of participants' level of agreement with both

positive and negative statements regarding menopause.

## Validity of the Instrument

The validity of the questionnaire was established through face and content validity. Experts in health sciences and the research supervisor reviewed the instrument to ensure that the items adequately covered relevant aspects of menopausal knowledge, perceptions, and coping strategies. Necessary modifications were made based on their recommendations to improve clarity, relevance, and comprehensiveness.

## Reliability of the Instrument

The reliability of the instrument was determined using the test–retest method. The questionnaire was pretested among menopausal women aged 45 years and above in selected urban and rural communities in Abia State (Aba and Uzoakoli), which were outside the study area but possessed similar characteristics to the study population. The questionnaire was re-administered after an interval of ten days, and the responses obtained from both administrations were analyzed using Pearson's Product Moment Correlation. A reliability coefficient of r = 0.85 was obtained, indicating that the instrument had good reliability and stability over time.

## Ethical Considerations

Ethical approval for the study was obtained from the Ministry of Health Ethical committee Imo State before the commencement of data collection. Informed consent was obtained from all participants after explaining the purpose, procedures, potential benefits, and voluntary nature of the study. Participants were assured of confidentiality and anonymity, and they were informed of their right to decline participation or withdraw from the study at any stage without any consequences.

## Data Collection Procedure

Approval and permission to conduct the study were obtained from relevant community leaders and women's groups. Eight trained research assistants assisted in the data collection process. The questionnaires were administered directly to eligible women during community and women association meetings. This approach facilitated adequate interaction with respondents and contributed to a high response rate.

## Data Analysis

Data were entered and analyzed using statistical software. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' characteristics and assess their perceptions of menopausal syndrome.

For perception assessment, negatively worded statements such as "Menopause is a disease" were reverse-coded before computing the overall perception score. The individual scores were summed and divided by the total number of items to maintain the original four-point Likert scale. A mean score of 2.50 or above was interpreted as a positive perception, whereas a mean score below 2.50 was interpreted as a negative perception.

## RESULTS

**Table 1: Mean Perceptions of Menopausal Women in Urban and Rural Communities in Imo State Regarding Menopause Syndrome**

| | | Urban (n=366) | | Rural (n=372) | |
|---|---|---|---|---|---|
| **S/N** | **Perceptions of Menopause** | **Mean** | **SD** | **Mean** | **SD** |
| 1. | Menopause is a natural part of life | 3.70 | .51 | 3.54 | 0.71 |
| 2. | Menopausal women have no need to see gynecologists | 2.22 | .85 | 2.39 | 0.89 |
| 3. | Menopause is a disease | 1.77 | .75 | 1.70 | 0.58 |
| 4. | Menopause is a normal phase of life | 3.21 | .83 | 3.06 | 0.73 |
| 5. | A woman cannot lead a normal life during menopause | 1.90 | .66 | 2.07 | 0.81 |
| 6. | Menopause is unmanageable phase of life | 1.83 | .66 | 1.86 | 0.65 |
| 7. | Menopause implies suffering ill-health | 1.73 | .57 | 1.88 | 0.78 |
| 8. | The quality of life of every woman in menopause is usually poor | 1.79 | .64 | 1.94 | 0.73 |
| 9. | Women in menopause phase can no longer live a normal life | 1.76 | .63 | 1.80 | 0.71 |
| 10. | Menopause is a sign of loss of femininity | 2.07 | .93 | 2.37 | 0.85 |
| | **Overall Mean Perception** | **3.18** | **0.32** | **3.06** | **0.38** |

As shown in Table menopausal women in urban and rural communities in Imo state generally agreed with the positive perceptions of menopause such as "Menopause is a Natural Part of Life" (urban M = 3.70, rural M = 3.54), and "Menopause is a normal phase of life" with mean scores (urban M = 3.21, rural M = 3.o6). However, women in urban areas were slightly more positive than those in rural communities as shown by the mean differences of 0.16 and 0.15 respectively.

On the other hand, both groups of menopausal women (urban and rural) decidedly disagreed with all the negative perceptions of menopause as shown by mean ratings ranging between 1.73 to 2.22 for women in urban communities, and 1.70 to 2.39 for those in rural communities. This means that both groups disagreed that: menopausal women have no need to see gynecologists, menopause is a disease, a woman cannot lead a normal life during menopause, menopause is unmanageable phase of life, menopause implies suffering ill-health, the quality of life of every woman in menopause is usually poor, women in menopause phase can no longer live a normal life, and Menopause is a sign of loss of femininity.

The overall perception mean score of 3.18 for women in urban communities, and 3.06 for those in rural communities in Imo state implies that the perception of menopausal women menopausal women in urban and rural communities of Imo State regarding menopausal syndrome was positive, although those in urban had slightly more positive perception than those in rural communities.

## DISCUSSION

The outcomes of this study showed that menopausal women in both the urban and rural populations of Imo State typically had a favourable perception of menopause . This was reflected in the overall mean perception scores of $3.18 \pm 0.32$ and $3.06 \pm 0.38$ for urban and rural women respectively. The respondents mostly considered menopause as a natural and normal part of life, not as an illness or a period of unavoidable sorrow and low quality of life. This positive view could be related to a greater awareness of menopause as a physiological stage of ageing and a growing understanding of women's reproductive health[13].

The overall perception of menopause syndrome was positive in both groups. The perception of menopausal syndrome was more positive among urban women than rural women. This result is in agreement with the research of [14] who discovered that women in metropolitan regions often exhibited more favourable attitudes towards menopause than women in rural communities. The observed urban-rural variation may be connected with differences in educational attainment, access to health care services, exposure to health information, and socioeconomic opportunities[15]. Urban women are more likely to have higher levels of education, more exposure to mass media and better access to healthcare professionals, which may improve their understanding of menopausal changes and lead to their perception of menopause as a normal biological transition rather than a disabling condition[16].

In the present study also, it was shown that both urban and rural women strongly agreed that menopause is a natural part of life, and a typical developmental period. This finding is compatible with earlier studies which revealed that many women view the menopause positively as a normal process which indicates the end of reproductive capacity and freedom from menstrual and pregnancy concerns . Such favourable attitudes can result in an increased psychological acceptance of menopause and can motivate women to make suitable lifestyle changes and health-seeking activities during this period[17].

But the survey found some misunderstandings among some participants, particularly among rural women. Some participants agreed with assertions that menopausal women may not need regular gynaecological visits and that menopause may be related to loss of femininity[18]. Although these were less common opinions, they point to gaps in health information about menopause and underscore the importance of continual health education for the public. Negative views about menopause might lead to delayed healthcare seeking behaviour, poor symptom management and impaired quality of life for women affected [19].

The less positive perspective of rural women may also be related to the influence of cultural beliefs and inadequate access to correct health information[20]. In many rural contexts, menopause can be read within conventional frameworks that correlate the transition with notions of ageing, loss of attractiveness, loss of social value, or inevitable physical pain . Low literacy levels, lack of exposure to reproductive health education and restricted access to specialised health services may lead to the persistence of such views. Therefore, there is a need to provide access to evidence-based information on menopause in order to dispel myths and promote healthy adaptation to this life stage[21].

The outcomes of this study highlight the need for the establishment of specific menopausal education and support programmes particularly in the rural communities of Imo State. Menopause education should be incorporated into normal women's health services by nurses, community health workers and physicians[22]. Community-based awareness campaigns and media interventions should also be strengthened to convey correct information on menopausal changes, accessible management options and the significance of regular medical consultations as necessary[23].

## CONCLUSION

The study was designed to Assess and evaluate the perspective of menopausal syndrome among women in urban and rural regions in Imo State, Nigeria. Results indicated women in both contexts had predominantly positive opinions about menopause, viewing it as a natural and typical life stage. Urban women had a somewhat more favourable view than rural women. This may be due to variations in education, accessibility to healthcare and exposure to health information.

Despite the usually low prevalence of unfavourable opinions, misconceptions regarding the necessity for professional

healthcare during menopause and femininity issues were detected, especially among rural women. These findings highlight the importance of focused, culturally-specific health education campaigns to improve knowledge of menopause and to dispel myths.

Improving access to reproductive health information and menopausal care services, particularly in underserved rural communities, will help to lessen the urban-rural gaps and encourage positive attitudes towards menopause. This will help to enhance the overall quality of life of menopausal women. Future research should also examine the role of socio-demographic characteristics, cultural beliefs and healthcare access on women's perceptions and experiences of menopause to suggest more effective therapies.

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